
NOTICE TO ALL FLORIDA LICENSED PROPERTY AND CASUALTY INSURERS

Limited Apportionment Company Status

In cooperation with the Florida Office of Insurance Regulation (OIR), we are providing this notice to all insurers as a reminder to those that qualify and desire to make application for Limited Apportionment Company Status, that such application must be received by the OIR no later than March 31, 2024.

A Limited Apportionment Company is defined in §627.351(6)(c), Florida Statutes as an insurer with a policyholder surplus of \$25 million or less, writing 25% or more of its total countrywide property insurance premiums in the State of Florida and who petitions OIR to qualify as a Limited Apportionment Company within the first 90 days of each calendar year, (no later than March 31), and whose petition to qualify has been approved by the OIR.

The following provisions applies for a qualified Limited Apportionment Company:

A regular assessment levied by the corporation on a limited apportionment company for a deficit incurred by the corporation for the Coastal account may be paid to the corporation on a monthly basis as the assessments are collected by the limited apportionment company from its insureds pursuant to s. 627.3512, but the regular assessment must be paid in full within 15 months after being levied by the corporation. (See, §627.351(6)(c), Florida Statutes).

The petition form for Limited Apportionment Company Status is attached. Copies of this notice and the petition form can be found at www.citizensfla.com. Questions may be emailed to Lennox Williams at Lennox.williams@flor.com.

Please provide all of the information required on the petition and forward the petition form by certified mail-return receipt requested to:

Lennox Williams
Office of Insurance Regulation
200 East Gaines Street
Tallahassee, Florida 32399-0300
Telephone: 850.413.5336

Email address: Lennox.williams@flor.com

The petition form must be received by the OIR no later than March 31, 2024. Petition forms received by the OIR after that date will not be considered.

Attachment
PETITION TO THE OFFICE OF INSURANCE REGULATION
FOR APPROVAL OF LIMITED APPORTIONMENT COMPANY

APPEAL TO BECOME A LIMITED APPORTIONMENT COMPANY PROVIDED BY
SECTION 627.351(6) (c) 13, FLORIDA STATUTES. (This form must be typed or printed.)

NAME OF COMPANY _____ FL CO. CODE _____ NAIC CODE _____
HOME OFFICE _____
NAME OF PREPARER _____ PHONE # _____
EMAIL ADDRESS _____

By and through its undersigned officers, _____
(Name of Insurer) hereby certifies that its surplus as to policyholders as of December 31, 2023, is \$25,000,000 or less. The company further certifies that twenty-five percent or more of its total countrywide property insurance premiums for 2023 were written in the State of Florida.

STATE OF _____
COUNTY OF _____

Before me, the undersigned authority, this day personally appeared _____
and _____ who, being by me first duly sworn, declare that the foregoing statements are true and correct and that the company for which they are submitting this appeal is eligible for limited apportionment company status.

Sworn to and subscribed before me this _____ day of _____, 2024

Notary Public, State of _____
My Commission Expires: _____

President or CFO

Secretary

Surplus as to Policyholders (as reported on Page 3,
Line 37 of the 2023 Florida Annual Statement) \$ _____

Total Property Insurance Premiums in Florida (the total
Of Lines 1, 2.1, 3, 4, 5.1, 5.2, 12 as reported on Page 19.FL
[Statutory page 14] of the 2023 Florida Annual Statement) \$ _____

Total Property Insurance Premiums Countrywide \$ _____
(The total of lines 1, 2.1, 3, 4, 5.1, 5.2, 12, as reported on Page 19.GT,
of the 2023 Florida Annual Statement).

Exceptions to these figures should be noted under separate cover for consideration (i.e., Mobile Home Physical Damage reported under Line 21.1).

PLEASE ATTACH COPIES OF THE REFERENCED PAGES OF THE ANNUAL STATEMENT.