FLORIDA OFFICE OF INSURANCE REGULATION PREMIUM GROWTH REPORTING FORM

Due Date: _____ Last day of the month following the current month reported

As of _____ , 19_____

Company Name:_____

NAIC Company Code:_____ Date Licensed in Florida:_____

(Round to nearest thousand.)

Columns		1	2	3	4	5	6	7	8	9	10	11	12
Part (1a)	Totals Most Recent 12 Months	Current Year Most Recent Month	1 Month Prior	2 Months Prior	3 Months Prior	4 Months Prior	5 Months Prior	6 Months Prior	7 Months Prior	8 Months Prior	9 Months Prior	10 Months Prior	11 Months Prior
* Direct													
* Assumed													
* Total (1a)													

<---------- -- ----------- -- ----------- -- ----------- - -**Previous 12 months** - - - -- ----------- - -- ----------- -- ----------- -- ----------- -- ----------- -- ------>

Part (1b)	Totals Previous 12 Months	12 Months Prior	13 Months Prior	14 Months Prior	15 Months Prior	16 Months Prior	17 Months Prior	18 Months Prior	19 Months Prior	20 Months Prior	21 Months Prior	22 Months Prior	23 Months Prior
* Direct													
* Assumed													
* Total (1b)													

** Part (1c)

Subtract
(1a) - (1b) = _____

I _____ , of _____ , an insurer licensed to transact insurance in the state of Florida, do hereby certify under penalty of perjury pursuant to 837.06 F.S. that the information reported above is a full and true report of the direct and assumed premiums written from the United States and its territories. This report is submitted for compliance with Section 624.4243, Florida Statutes.

** Part (1d)

Divide
(1c)/(1b) = _____

_____   _____
Signature   Date

_____
Type Name and Title

* Sum Columns 1 - 12
** Do not complete these parts until 24 operating months have been reported.