

VERSION
24.01.A

Supplemental Policy Credits to Premium Taxes Reporting Form

Pursuant to: Rule 690ER24-2, F.A.C.

If you need any assistance during the filing process,
please contact the Office at

PremiumTaxDiscounts@flor.com

Reports must be submitted no later than

FORM OIR-B1-596
Effective Date 08/2024
Emergency Rule
690ER24-2

Contact Information

THIS IS REQUIRED INFORMATION that is to be provided each time the supplemental policy credits to premium taxes is submitted to the Office of Insurance Regulation.

VALIDATION CHECKS

Required Data Field Complete?

Contact and General Questions	Responses	
Please provide the name of the individual responsible for the coordination and submission of the supplemental policy credits to premium taxes.		FALSE
What is her or his email address?		FALSE
What is the best number where she or he can be reached?		FALSE
What is the Company's name?		FALSE
What is the Company's NAIC Code? ("00000" if no NAIC Code exists)		FALSE
What is the Company's Florida Company Code? ("00000" if no NAIC Code exists)		FALSE
What is the Company's FEIN?		FALSE
What is the Company's NAIC Group Code? ("0000" if no NAIC Group Code exists)		FALSE
What is the Company's State of Domicile?		FALSE
Date of Completing this Report (Date Report Completed)		FALSE
Statement Period		FALSE

Florida Supplemental Policy Credits to Premium Taxes

Instructions: As authorized under section 624.5108, F.S., the Florida Office of Insurance Regulation requires the use of this form by authorized insurers to collect information required by section 624.5108(8), F.S. This form must be uploaded into the Office's Regulatory Electronic Filing system as a supplement to the company's quarterly and annual statements filed through that system.

Specifically, every insurer required to provide a premium deduction under section 624.5108 must provide the information below.

QUESTION	Section 624.5108(1)(a)	Section 624.5108(1)(b)	Section 524.5108(1)(c)	
1. The total number of policies that received a deduction during the period covered by this statement for:				FALSE
2. The total dollar amount of deductions provided to policyholders during the period covered by this statement period for:				FALSE
3. The total premium related to insurance policies providing residential coverage on a dwelling covered by this statement period for:				FALSE
4. The total premium related to policies, contracts, or endorsements providing personal or commercial lines coverage for the peril of flood or excess coverage for the peril of flood on any structure or the contents of personal property contained therein covered by this statement period for:				FALSE