

**Limited Apportionment Company Status Reminder:**  
**File by March 31, 2019**

This is a reminder to insurers that qualify and desire to make application for Limited Apportionment Company Status, that such application must be received by the Office of Insurance Regulation no later than March 31, 2019.

A Limited Apportionment Company is defined in §627.351(6)(c)13, 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 if that insurer petitions the Office of Insurance Regulation to qualify as a Limited Apportionment Company within the first 90 days of each calendar year, (no later than March 31), and the petition is approved.

The law permits qualified limited apportionment companies to pay certain assessment payments monthly, as collected from insureds.

The petition form for Limited Apportionment Company Status is attached. Questions and completed forms may be emailed to Linda McWilliams at [linda.mcwilliams@flor.com](mailto:linda.mcwilliams@flor.com).

Email address: linda.mcwilliams@flor.com

The petition form must be RECEIVED by the Office of Insurance Regulation by no later than March 31, 2019. Petition forms received after that date will not be considered.

**PETITION FOR LIMITED APPORTIONMENT STATUS**

Pursuant to 627.351(6)(c)13, Florida Statutes, the undersigned hereby applies for Limited Apportionment Status:

NAME OF INSURANCE COMPANY \_\_\_\_\_

FL COMPANY 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, 2018, is \$25,000,000 or less. The company further certifies that twenty-five percent or more of its total countrywide property insurance premiums for 2018 were written in the State of Florida.

\_\_\_\_\_  
SIGNATURE OF OFFICER OF PETITIONING INSURER

\_\_\_\_\_  
Printed Name, Title

Surplus as to Policyholders (as reported on Page 3,  
Line 37 of the 2018 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 2018 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 2018 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.**