



COMPANY NAME: ABC INSURANCE COMPANY		
GROUP: 999 – ABC GROUP	NAIC: 99965	
ADDRESS: 8596 HILLMAN COLLEGE LANE	ADDRESS 2: SUITE 452B	
CITY: HAMPTON	STATE: VA	ZIP: 99999
CONTACT NAME: Whitley Gilbert - Wayne		TITLE: Controller
PHONE NUMBER: 800.777.9311	PHONE EXT.: 1859	EMAIL: wgwayne@abcinsurance.com

Assessment Levy	Assessment Year Policy Effective (Inception) Date Range	Direct Assessable Premiums Collected	Assessment Surcharge Rate	Total Assessment Surcharge Collected & Remitted	Balance Forward	Amount Due
2021 [0.70%]	01/01/2022 – 12/31/2022	5,888,263.40	0.007	41,217.84	0.00	41,217.84
2022 [1.30%]	07/01/2022 – 06/30/2023	13,366,556.56	0.013	173,765.23	250,000.00	423,765.23
2022B [0.70%]	01/01/2023 – 12/31/2023	3,221,253.25	0.007	22,548.77	5,532.00	28,080.77
						493,063.84

-FOR REFERENCE ONLY-

If the company indicated above WILL NOT WRITE ANY PREMIUM DURING THIS ASSESSMENT PERIOD, please contact us at (850) 386-9200 or send an email to assessments@agfgroup.org to suspend subsequent quarterly reporting. Please note that the Annual Surcharge Reconciliation [ASR] reporting WILL STILL BE REQUIRED.

The undersigned certifies that this remittance has been examined and is, to the best of the undersigned's knowledge, accurate, complete and made in good faith.

Authorized Representative: <i>Whitley Gilbert - Wayne</i>	Title: Controller	Date: 4/5/2023 11:59 AM EDT
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**FIGA Assessment [All Other Account]
Q1 2023 Quarterly Surcharge Remittance
Instructions**

- a) The Florida Office of Insurance Regulation has levied 3 assessments on FIGA's **ALL OTHER** account. Section 631.52, Florida Statutes, explains the lines of business that FIGA will pay a covered claim, and therefore the lines of business deemed assessable. Section 631.55, Florida Statutes, further divides FIGA into two separate accounts [Auto and All Other] for the purpose of assessment. The Assessments are only for FIGA's **ALL OTHER Account** and include premium routinely reported on the following Annual Statement lines or related coverages reported on the write in lines:

FIGA ALL OTHER					
LINE_NO	LINE_NAME	LINE_NO	LINE_NAME	LINE_NO	LINE_NAME
1	Fire	5.1	Commercial Multiple Peril [Non Liability portion]	17.2	OTHER LIAB – CLAIMS - MADE
2.1	Allied Lines	5.2	Commercial Multiple Peril [Liability portion]	18	Products Liability
2.4	Private Crop	9	Inland Marine	22	Aircraft
2.5	Private Flood	11	Medical Malpractice	26	Burglary and Theft
3	Farmowners Multiple Peril	12	Earthquake	27	Boiler and Machinery
4	Homeowners Multiple Peril	17.1	OTHER LIAB - OCCURRENCE		

- b) Member insurers shall collect a **0.7%, 1.3%, and another 0.7% surcharge on new and renewal policies** during the corresponding assessment period. Member insurers will remit surcharge assessments quarterly on or before the following dates:

Quarter	Policy Dates		
	1/1/2022 – 12/31/2022	7/1/2022 – 6/30/2023	1/1/2023 – 12/31/2023
	Reporting Due Dates		
	2021 0.7%	2022 1.3%	2022B 0.7%
Q1 2023	04/30/2023	04/30/2023	04/30/2023
Q2 2023	07/31/2023	07/30/2023	07/31/2023
Q3 2023	10/31/2023	10/30/2023	10/30/2023
Q4 2023	01/31/2024	01/30/2024	01/31/2024
Q1 2024		04/30/2024	04/30/2024
Q2 2024		07/30/2024	07/31/2024
Q3 2024			10/30/2024
Q4 2024			01/31/2025
OIR Annual Reconciliation	06/30/2023	09/30/2023	01/31/2024
Final Settlement	03/31/2024	07/30/2024	01/31/2025



**FIGA Assessment [All Other Account]
Q1 2023 Quarterly Surcharge Remittance
Instructions**

c) Member Insurers shall remit assessment surcharges collected to FIGA based on the remittance schedule (above). Please make check payable to and mail to:

Florida Insurance Guaranty Association, Inc.
PO Box 14249 | Tallahassee, FL 32317

Alternatively, Member Insurers may wire funds or send ACH payments directly to FIGA as follows:

Wire	ACH Payments
Acct Name: Florida Insurance Guaranty Association	Acct Name: Florida Insurance Guaranty Assoc
Account Number: 2121080820446	ACH Routing Number: 121000248
Bank: Wells Fargo Bank, N.A.	Account Number: 2121080820446
ABA Number: 121000248	

WHEN REMITTING SURCHARGE PAYMENTS VIA WIRE OR ACH TRANSFER, PLEASE INCLUDE THE NAIC NUMBER AND COMPANY NAME IN THE PAYMENT REMITTANCE DETAILS.

IF REMITTING ONE PAYMENT FOR MULTIPLE COMPANIES IN A GROUP, PLEASE PROVIDE THE NAIC NUMBER AND SURCHARGE AMOUNT FOR EACH COMPANY ON THE CHECK REMITTANCE DOCUMENTATION OR IN THE WIRE/ACH PAYMENT REMITTANCE DETAILS TO ENSURE PAYMENTS ARE APPLIED CORRECTLY.

- d) **Direct Assessable Premiums Collected** is the sum of gross written premiums collected during the Reporting Quarter for policy periods that began during the Assessment Year.
- e) **Balance Forward** amounts are any surcharge credits or debits carried forward to the current quarter.