



<b>COMPANY NAME:</b> ABC INSURANCE COMPANY		
<b>GROUP:</b> 999 – ABC GROUP		<b>NAIC:</b> 99910
<b>ADDRESS:</b> 8596 HILLMAN COLLEGE LANE		<b>ADDRESS 2:</b> SUITE 452B
<b>CITY:</b> HAMPTON		<b>STATE:</b> VA <b>ZIP:</b> 99999
<b>CONTACT NAME:</b> Whitley Gilbert - Wayne		<b>TITLE:</b> Controller
<b>PHONE NUMBER:</b> 800.777.9311	<b>PHONE EXT.:</b> 1859	<b>EMAIL:</b> 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
<b>TOTAL AMOUNT DUE:</b>						<b>493,063.84</b>

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

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.

<b>Authorized Representative:</b>	DocuSigned by:  <small>05EE01A22BB5402...</small>	<b>Title:</b> Controller  <b>Date:</b> 7/3/2023 2:00 PM EDT
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- 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%
<b>Q2 2023</b>	<b>07/31/2023</b>	<b>07/30/2023</b>	<b>07/31/2023</b>
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



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: <b>Florida Insurance Guaranty Association</b>	Acct Name: <b>Florida Insurance Guaranty Assoc</b>
Account Number: <b>2121080820446</b>	ACH Routing Number: <b>121000248</b>
Bank: <b>Wells Fargo Bank, N.A.</b>	Account Number: <b>2121080820446</b>
ABA Number: <b>121000248</b>	

**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 [BY LEVY] 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 [**Assessment Year Policy Effective (Inception) Date Range** column].
- e) **Balance Forward** amounts are any surcharge credits or debits carried forward to the current quarter.