

Contract Year 2009 Interim Loss Report Florida Hurricane Catastrophe Fund (FHCF)

Company Name: _____ **Co. NAIC No.:** _____

Group NAIC No. (if applicable): _____ **Losses as of (most current data available):** _____

HURRICANE: _____ **PCS CAT. NO.:** _____ **Report Due Date (see schedule below):** _____

ESTIMATED ULTIMATE NET LOSSES ON COVERED POLICIES

	Commercial-Residential	Residential	Mobile Home	Tenants	Condominium Unit Owners	Total
Paid Loss*						
Outstanding Loss*						
IBNR (unknown losses)*						
TOTAL*						

Schedule of Report Due Dates

If the FHCF determines that an Interim Loss Report is required due to the occurrence of a Covered Event, all participants in the FHCF shall be notified of the required filing and the applicable due date (not less than fourteen days from the notice date). The FHCF will notify participants if subsequent Interim Loss Reports are required or if a detailed claims listing (as outlined on the Form FHCF-L1B – Proof of Loss Report) must be provided to the FHCF.

* Report Ultimate Net Losses only. Do not include Loss Adjustment Expenses. If your company has negative IBNR numbers, report the negatives; do not net with the Outstanding Loss numbers. See Article V of the Reimbursement Contract for the definitions of Covered Event, Covered Policy, and Ultimate Net Loss. See Article VI of the Reimbursement Contract for specific coverage exclusions. Copies of this Interim Loss Report, the Reimbursement Contract, and additional information can be found on the Internet at www.sbafla.com/fhcf or <http://fhcf.paragon.aonbenfield.com>.

Signature: _____ **Executive Title:** _____ **Date:** _____

Printed or Typed Name of Executive: _____