## Contract Year 2025 Interim Loss Report Florida Hurricane Catastrophe Fund (FHCF)

Company Name:							
Group NAIC No. (if applicab	le):	<del></del>					
HURRICANE:							
		ULTIMATE NET LO	SSES ON COVERED P	OLICIES			
	Commercial- Residential	Residential	Mobile Home	Tenants	Condominium Unit Owners	Total	
Paid Loss*							
Outstanding Loss*							
IBNR (unknown losses)*							
TOTAL*							
If the FHCF determines that an the applicable due date (not les Claims Listing (refer to the Conbusiness practices for the insura	ss than fourteen days fro tract Year 2025 Form Fl	equired due to the occurr om the notice date). The HCF-DCL) must be prov	e FHCF will notify Companion of the FHCF will notify Companion of the FHCF. Reported to the FHCF will not be set t	all Companies in the Fi ies if subsequent Inte ed Losses are expecte	rim Loss Reports are require ed to result from a good faith	d or if a Detailed effort, using best	
		TRADE SI	ECRET INFORMATION				
Florida law generally defines a takes measures to protect its substitution if applicable), check this	ecrecy. If you are claimi	ng trade secret protection	on for the loss data in this I	nterim Loss Report (a	and related Detailed Claims		
		SUBMIS	SION INSTRUCTIONS				
The Interim Loss Report (inhttps://fhcfclaims.paragon.aon.othe Online Claims System; instr	com/, and an officer mus	t sign off on each Interim					
Signature:		Officer Title:		<u> </u>	Date:		
Name of Officer:							