## Contract Year 20232022 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:							
	ESTI	MATED ULTIMATE N	IET LOSSES ON COV	ERED POLICIES			
	Commercial- Residential	Residential	Mobile Home	Tenants	Condominium Unit Owners	Total	
Paid Loss*							
Outstanding Loss*							
IBNR (unknown losses)*							
TOTAL*							
		SCHEDULE	OF REPORT DUE DA <sup>-</sup>	ΓES			
the applicable due date (not le Claims Listing (refer to the Co best business practices for the binding.  Florida law generally defines a takes measures to protect its s Listings if applicable), check the	ntract Year 20232022 For insurance industry, on the insurance insurance industry, on the insurance ind	rm FHCF-DCL) must be the part of the Company TRADE SI cret, of value, for use or ng trade secret protection	e provided to the FHCF. Re to report as accurately as ECRET INFORMATION in use by a business, and on for the loss data in this	Reported Losses are exposed possible. Losses reposed with the second possible and the business and the business report (as the	pected to result from a good rted under the Interim Loss siness, where the business and related Detailed Claims	d faith effort, using Report will not be	
			SION INSTRUCTIONS				
The Interim Loss Report https://fhcf.sbafla.comwww.sbasubmission. Advance registration	<del>afla.com/fhcf</del> . Users will in	nput the required fields of	directly into the system ar	nd an officer must sign o	off on each Interim Loss Re		
* Report Ultimate Net Losses If your Company has negati definitions of Covered Event Loss Report, the Reimburse	ve IBNR numbers, report t, Covered Policy, and Ult	t the negatives; do not r timate Net Loss. See Art	net with the Outstanding I ticle VI of the Reimburser	Loss numbers. See Art nent Contract for specif	icle V of the Reimburseme ic coverage exclusions. Co	nt Contract for the	
Signature:		Officer Title:		Г	)ate:		
Printed or Typed Name of C	Officer:				Form FU	CE I 1A Pov 0V/2322	