



FIGA 0.7% Assessment [All Other Account]
 2022 Annual Surcharge Reconciliation Affidavit
 Remittance + Payment **DUE 6/30/2023**

COMPANY NAME: XYZ Insurance Company	CONTACT NAME: Domonique Devereaux	
NAIC: 99991	TITLE: CFO	
GROUP: 0999 – XYZ Insurance Group	PHONE NUMBER: 555.867.5309	
ADDRESS: 8963 Dynasty Hills Lane	PHONE EXT: 5000	
ADDRESS 2:	EMAIL: d.devereaux@xyzinsurance.com	
CITY: Denver	STATE: CO	ZIP: 80014

-FOR REFERENCE ONLY-

ASSESSMENT YEAR Policy Effective (Inception) Date Range	REPORTED & RECEIVED TO DATE	UPDATED & CONFIRMED <small>[all premium collected from 1/1/2022 – 12/31/2022]</small>
[1] DIRECT ASSESSABLE PREMIUMS COLLECTED	104,893.29	287,103
[2] ASSESSMENT/ SURCHARGE RATE	0.007	0.007
[3] TOTAL ASSESSMENT SURCHARGE COLLECTED & REMITTED [1 *2]	733	2,010
TOTAL SURCHARGE RECEIVED		733
AMOUNT DUE [CREDITED]		\$ 1,277

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

Authorized Representative:  <small>05EE01A22BB5482...</small>	Title: CFO	Date: 6/5/2023 10:49:16 AM
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**FIGA 0.7% Assessment [All Other Account]
2022 Annual Surcharge Reconciliation Affidavit
Instructions**

- a) The Florida Office of Insurance Regulation has ordered that all Member Insurers of the Florida Insurance Guaranty Association, Inc. [FIGA] shall be assessed for the purpose of securing funds to handle, adjust and pay covered claims pursuant to **Section 631.57.4(3)(a)**.
- b) Member Insurers shall collect surcharges at a uniform percentage rate on new and renewal policies effective where the policy term begins between **January 1, 2022** and **December 31, 2022** ("Assessment Year").
- c) Member Insurers must submit a reconciliation report to FIGA pursuant to **Section 631.57(f)(2e)**. The reconciliation report allows Member Insurers to update previously collected policyholder surcharge and reported premium amounts applicable to the Assessment Year.
- d) If the Updated and Confirmed amount is the same as Reported to Date, rekey amounts in the Reported to Date column and sign the affidavit. If the Updated and Confirmed amount is more than the amount Reported to Date, Member Insurers shall pay to FIGA the excess policyholder surcharge collected. If the Updated and Confirmed amount is less than the Reported to Date Amount, FIGA will credit Member insurers that amount against future assessments.
- e) Member Insurers shall furthermore remit any assessment surcharge due to FIGA as a result of the annual reconciliation. 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.

- f) **Direct Assessable Premiums Collected** means the sum of the gross premiums collected during prior Reporting Quarters for policy periods incepting during the applicable Assessment Year less return premiums on policies not taken or reductions in coverage.
- g) **Total Surcharge Received** means the total payments FIGA has received from Member Insurers from inception to date.
- h) **Amount Due (Credited)** means the excess policy holder surcharge due to FIGA or credited to future reconciliation periods.