

OPTIONAL DATE CHANGES FOR NEW PARTICIPANTS
PURSUANT TO EMERGENCY RULE 19ER12-1

2012-2013 Contract Year
June 1, 2012 through May 31, 2013

Name of Company: _____
(Type Name of Company)

NAIC #: _____

In executing this form, 2012NPO, the above-named Company is representing the following:

1. That it is a "New Participant," as that term is defined in 19ER12-1(1)(a), and,
2. That it first began writing Covered Policies, as that term is defined in Section 215.555, F.S., on or after June 1, 2012, but prior to December 1, 2012, and,
3. That it understands that executing this form makes the terms contained herein irrevocable for the 2012-2013 Contract Year, and
4. That it agrees to do all of the following:
 - (a) Use an "As Of Date" as defined in 19ER12-1(1)(b) of November 30, 2012;
 - (b) Report its "As Of Date" exposure for Covered Policies on or before February 1, 2013;
and
 - (c) Pay its actual Reimbursement Premium on or before April 1, 2013.

This form does not take effect until executed by the Company and received by the FHCF's administrator, Paragon Strategic Solutions Inc., no later than December 1, 2012, at the following address: 8200 Tower, 5600 West 83rd Street, Suite 100, Minneapolis, MN 55437.

By: _____ **Date:** _____
Signature

Typed/Printed Name and Title of Company Officer

Approved by:

Florida Hurricane Catastrophe Fund
By: State Board of Administration of the State of Florida

2012NPO
(19ER12-1)

By: _____ **Date** _____

Ashbel C. Williams
Executive Director and CIO

Approved as to legality:

By: _____ **Date** _____