

Florida Hurricane Catastrophe Fund

Company Contact Information

Please cross out incorrect contact information on left and note the changes on the right. Include e-mail addresses. If a P.O. Box address is given, correct it with a street address. If you are a New Participant and are completing this form for the first time, fill in all information on the right. Please have the form notarized and signed by two different officers even if all information is correct. Mail the original copy back to the address below.

Deleted "executive" from before "officers"

Ms. Holly Bertagnolli
FHCF Administration
Paragon Strategic Solutions Inc.
8200 Tower - 5600 West 83rd Street, Suite 1100
Minneapolis, MN 55437

NAIC Company Name

Executive

ContactName

Title

CompanyName

AddressLine1

AddressLine2

AddressLine3

AddressLine4

LastLine

Telephone:

Ext:

Facsimile:

E-mail:

Accounting

ContactName

Title

CompanyName

AddressLine1

AddressLine2

AddressLine3

AddressLine4

LastLine

Telephone:

Ext:

Facsimile:

E-mail:

NAIC Company Name

Claims

ContactName

Title

CompanyName

AddressLine1

AddressLine2

AddressLine3

AddressLine4

LastLine

*Telephone:**Ext:**Facsimile:**E-mail:***Contracts**

ContactName

Title

CompanyName

AddressLine1

AddressLine2

AddressLine3

AddressLine4

LastLine

*Telephone:**Ext:**Facsimile:**E-mail:***Data Calls/Web Insurer Reporting Engine (WIRE) Account Manager**

ContactName

Title

CompanyName

AddressLine1

AddressLine2

AddressLine3

AddressLine4

LastLine

*Telephone:**Ext:**Facsimile:**E-mail:*

NAIC Company Name

Replaced "insurer" with "Company"

I am an officer of said Company, acting within my authority and within the scope of my customary and usual corporate responsibilities in designating the Company contacts listed on this form, FHCF C-1, Company Contact Information.

BY:

Deleted "executive" from before "officer"

Capitalized "company"

TYPED/PRINTED NAME: _____

TITLE: _____

DATE: _____

STATE OF _____: COUNTY OF _____:

Before the undersigned authority personally appeared _____, who affirmed or on oath says that he or she signed the foregoing FHCF C-1 Company Contact Information.

Affirmed or Sworn to and subscribed before me this _____ day of _____, by _____, who is personally known to me or who has produced _____ as identification.

(Official Notary Signature and Seal)

Replaced "insurer" with "Company"

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BY:

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TYPED/PRINTED NAME: _____

TITLE: _____

DATE: _____

STATE OF _____: COUNTY OF _____:

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(Official Notary Signature and Seal)