

# Assignment of Benefits (AOB) Experience Reporting Form

*pursuant to section 627.7152, Florida Statutes*

If you need any assistance during the filing process,  
please contact OIR at

[AOBinfo@flair.com](mailto:AOBinfo@flair.com)



*Filing Due by January 30, 2026*

FORM OIR-B1-2221  
Effective 3/20  
690-171.010

# Assignment of Benefits (AOB) Experience Reporting Form

**WHAT:** Information related to each residential property and commercial property claims paid in the prior calendar year under an assignment agreement, pursuant to section 627.7152(12), Florida Statutes, in Florida between January 1, 2025 and December 31, 2025.

**WHO:** This AOB data call must be completed by insurers licensed in Florida for the following lines of business:

- ☐ Allied Lines
- ☐ Commercial Multi-Peril
- ☐ Earthquake
- ☐ Farmowners Multi-Peril
- ☐ Homeowners Multi-Peril
- ☐ Industrial Extended Coverage
- ☐ Industrial Fire
- ☐ Mobile Homeowners Multi-Peril
- ☐ Mobile Homeowners Physical Damage Only

**NO DATA:** A “No data” option may only be used by insurers with no claims paid under an assignment agreement between January 1 and December 31 of the reporting calendar year for the lines of business listed above.

**MANDATORY FIELDS:** The following columns of the data call are mandatory fields for insurers with paid claims under an assignment within the referenced timeline for the lines of business listed above: NAIC Company Code; Company Name; Unique Claim ID; Type of Policy; County of Loss; Peril; Date of Loss/Incident; Date Reported to Insurer; Litigation; Total Amount Paid by Insurer - Indemnity and ALAE; and Re-opened Claim.

**OPTIONAL FIELDS:** Please provide the remaining data fields if you are able to do so without a manual claim search.

**NO GROUP SUBMISSIONS:** Data must be submitted on an individual company basis only.

**TRADE SECRET SUBMISSIONS:** An affidavit must accompany a filing that is submitted as a trade secret per section 624.4213, Florida Statutes. Refer to the Contacts tab for additional information.

**DUE DATE:** 5 PM ET, January 30, 2026

<https://irfs.fldfs.com>

**Failure to respond to the data call may result in administrative action.**

**HELP:** Contact IRFS Support at 850-415-3147 or by email at:

[AOBinfo@flor.com](mailto:AOBinfo@flor.com)

Instructions for using the IRFS Filing System are found at

[https://www.flor.com/docs-sf/default-source/property-and-casualty/data-call-reporting/irfs-data-call-filing-instructions-updated-2022.pdf?sfvrsn=219a1f18\\_4](https://www.flor.com/docs-sf/default-source/property-and-casualty/data-call-reporting/irfs-data-call-filing-instructions-updated-2022.pdf?sfvrsn=219a1f18_4)

**Definitions and Additional Guidance:**

Date of AOB - The date of the AOB is the effective date of the agreement, not the date that the insurer received the AOB.

Multiple Assignees - If there are multiple assignees, only list the claim once. Provide the earliest AOB date in column M and provide the combined dollar amounts for the demand/offer/judgment information in columns N, O, and P.

"Judgment Obtained," "Presuit Settlement Demand," and "Presuit Settlement Offer" are defined in section 627.7152(1), Florida Statutes.

Contact Information Please provide company and individual contact information on this worksheet		CHECKS
		Required Data Field Complete?
Report Date (Date Completed)		FALSE
Please provide the name of the individual who completed this form.		FALSE
What is this individual's email address?		FALSE
What is the best number where this individual can be reached?		FALSE
What is the Company's name?		FALSE
What is the Company's NAIC Code? (Enter five zeroes if none)		FALSE
What is the Company's Florida Company Code?		FALSE
What is the Company's FEIN?		FALSE
What is the Company's NAIC group code? ("0000" if no NAIC group code exists)		FALSE
Is this filing being submitted as trade secret? If yes, once this spreadsheet is uploaded, you must upload the affidavit as required by section 624.4213, Florida Statutes.		FALSE
Comments regarding information in the data call. If you do not have any comments, type N/A.		FALSE

## ASSIGNMENT OF BENEFITS (AOB) EXPERIENCE REPORTING FORM

DETAILED CLAIM INFORMATION FOR EACH RESIDENTIAL PROPERTY AND COMMERCIAL PROPERTY CLAIM PAID UNDER AN ASSIGNMENT AGREEMENT BETWEEN JANUARY 1 AND DECEMBER 31

[illegible]

Type of Policy	
Code	Description
DP-1	Dwelling Fire - Basic Coverage
DP-3	Dwelling-Fire - Broad Coverage
DP-Oth	Dwelling-Fire - Other than DP-1 and DP-3
HO-3	Owners type policy, includes HO-1, HO-2, HO-3, HO-5
HO-4	Tenants policy
HO-6	Condo Unit Owners policy
HO-8	Modified Coverage Form policy
MDP	Mobile Home Dwelling policy
MHO-3	Mobile Homeowners Multi-Peril policy
MHO-Oth	Mobile Homeowners policy - Other than MHO-3
CRC	Commercial Residential - Condo Only policy
CRO	Commercial Residential - Non-Condo policy
CNR	Commercial Non-Residential policy
OTH	Other than listed above

County of Loss
Alachua
Baker
Bay
Bradford
Brevard
Broward
Calhoun
Charlotte
Citrus
Clay
Collier
Columbia
De Soto
Dixie
Duval
Escambia
Flagler
Franklin
Gadsden
Gilchrist
Glades
Gulf
Hamilton
Hardee
Hendry
Hernando
Highlands
Hillsborough
Holmes
Indian River
Jackson
Jefferson
Lafayette
Lake
Lee
Leon
Levy
Liberty
Madison
Manatee
Marion
Martin
Miami-Dade
Monroe
Nassau
Okaloosa
Okeechobee
Orange
Osceola
Palm Beach
Pasco
Pinellas
Polk
Putnam
Saint Johns
Saint Lucie
Santa Rosa
Sarasota
Seminole
Sumter
Suwannee
Taylor
Union
Volusia
Wakulla
Walton
Washington

Peril
Code
Fall Obj
Fire
Hurr
Water - Dis
Water - Oth
Wind/Hail
All Other

Description
Falling Objects Peril
Fire or Lightning Peril
Hurricane
Accidental Discharge or Overflow of Water or Steam Peril
Water - Other than Accidental Discharge or Overflow of Water or Steam Peril
Windstorm or Hail Peril - Other than Hurricane
All Other Perils