



## OFFICE OF INSURANCE REGULATION

### MEMORANDUM

**DATE:** FEBRUARY 26, 2026

**TO:** All Florida Licensed Property & Casualty Insurers

**FROM:** Connor Manuel, Analyst  
Property & Casualty Financial Oversight

**SUBJECT:** LIMITED APPORTIONMENT COMPANY STATUS

The Florida Office of Insurance Regulation (OIR) is providing this notice to all insurers as a reminder to those that qualify and desire to make application for Limited Apportionment Company Status, that such application must be received by the OIR no later than March 31, 2026.

A Limited Apportionment Company is defined in §627.351(2)(b)3, Florida Statutes as an insurer with a policyholder surplus of \$25 million or less, writing 25% or more of its total countrywide property insurance premiums in the State of Florida and who petitions OIR to qualify as a Limited Apportionment Company within the first 90 days of each calendar year, (no later than March 31), and whose petition to qualify has been approved by the OIR.

The petition form for Limited Apportionment Company Status is attached. Questions may be emailed to Connor Manuel at [Connor.Manuel@flor.com](mailto:Connor.Manuel@flor.com).

Please provide all of the information required on the petition and forward the petition form by certified mail-return receipt requested to:

Connor Manuel  
Office of Insurance Regulation  
200 East Gaines Street  
Tallahassee, Florida 32399-0300  
Telephone: (850) 413-5239  
Email address: [Connor.Manuel@flor.com](mailto:Connor.Manuel@flor.com)

CC: Karie Bundy  
Office of Insurance Regulation  
Email Address: [Karie.Bundy@flor.com](mailto:Karie.Bundy@flor.com)

The petition form must be received by the OIR no later than March 31, 2026. Petition forms received by the OIR after that date will not be considered.

Attachment  
PETITION TO THE OFFICE OF INSURANCE REGULATION FOR  
APPROVAL OF LIMITED APPORTIONMENT COMPANY

APPEAL TO BECOME A LIMITED APPORTIONMENT COMPANY PROVIDED BY  
SECTION 627.351(2)(b)3, FLORIDA STATUTES. (This form must be typed or printed.)

NAME OF COMPANY \_\_\_\_\_ FL CO. CODE \_\_\_\_\_ NAIC CODE \_\_\_\_\_  
HOME OFFICE \_\_\_\_\_  
NAME OF PREPARER \_\_\_\_\_ PHONE # \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

By and through its undersigned officers, \_\_\_\_\_  
(Name of Insurer) hereby certifies that its surplus as to policyholders as of December 31, 2025, is \$25,000,000  
or less. The company further certifies that twenty-five percent or more of its total countrywide property  
insurance premiums for 2025 were written in the State of Florida.

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, this day personally appeared \_\_\_\_\_  
and \_\_\_\_\_ who, being by me first duly sworn, declare that the foregoing statements are true  
and correct and that the company for which they are submitting this appeal is eligible for limited apportionment  
company status.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2026

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

\_\_\_\_\_  
President or CFO

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Secretary

\*\*\*\*\*

Surplus as to Policyholders (as reported on Page 3,  
Line 37 of the 2025 Florida Annual Statement) \$ \_\_\_\_\_

Total Property Insurance Premiums in Florida (the total  
Of Lines 1, 2.1, 3, 4, 5.1, 5.2, 12 as reported on Page 19.FL  
[Statutory page 14] of the 2025 Florida Annual Statement) \$ \_\_\_\_\_

Total Property Insurance Premiums Countrywide \$ \_\_\_\_\_  
(The total of lines 1, 2.1, 3, 4, 5.1, 5.2, 12, as reported on Page 19.GT,  
of the 2025 Florida Annual Statement).

Exceptions to these figures should be noted under separate cover for consideration (i.e., Mobile Home Physical  
Damage reported under Line 21.1).

**PLEASE ATTACH COPIES OF THE REFERENCED PAGES OF THE ANNUAL STATEMENT.**