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To All Guaranty Fund Members:

ASSESSMENT NOTICE

August 19, 2011

The Board of Directors of the Florida Workers' Compensation Insurance Guaranty Association, Inc. met on September 9, 2010 to discuss the need for an assessment on the premium written in 2010. Upon review of the historical claims payments, a cash flow forecast and an analysis of the current market, the Board determined that no assessment is needed at this time. Both the Office of Insurance Regulation and the NCCI have been advised of this decision. However, should new insolvencies occur during 2011 which change the financial outlook of the Association, the Board will have the ability to reconsider this decision, pursuant to Florida Statute 631.914(1).

Although no assessment has been issued for 2011, the Association must still comply with various reporting requirements and therefore requests that each member provide the necessary premium data needed to meet these requirements. **To this end, members should complete the enclosed Assessable Premium Worksheet, based on 2010 premium figures and return to the Association within fortyfive (45) days of receipt of this notice.**

Members are reminded that pursuant to Florida Statute 631.914(1)(a)3 assessable premiums are calculated on the basis of the *full policy premium value* on the net direct premiums written in the state for workers' compensation insurance, without taking any discounts or credits for deductibles.

The 2011 Assessable Premium Worksheet has been pre-populated with information obtained from the State of Florida using the company's 2010 net written premium, as reported on line 16 (column 1) of the Florida exhibit; **PLUS** any excess workers' compensation premium reported on line 17.3 of the Florida exhibit; **PLUS** the amount of any premium discounts or credits for deductibles; **LESS** the amount of dividends paid or credited to policyholders, as reported on line 16 (column 3) of the Florida exhibit on policies written between January 1, 2010 and December 31, 2010. If any information is incorrect, simply mark through and provide the revised figure.

NO ASSESSMENT PAYMENTS ARE DUE WITH THIS REQUEST.

Members are to return their completed worksheet via email or fax by October 3rd as follows:

EMAIL: Attach completed worksheet and send to Assessments@AGFGroup.org.
Include **Drawer: MEMB** and **FileNo: [your company NAIC Number]** in the body of the email.
Include only **one** company's data per email or fax please.

FAX: (850) 523-1887

If you have any questions regarding this data request, please contact *Mr. Tom Streukens, Director of Operations* toll-free at (866) 909-9200.