



DEPARTMENT OF FINANCIAL SERVICES
Division of Agency & Agency Services - Bureau of Licensing
 200 East Gaines Street, Larson Building Room 419
 Tallahassee, FL 32399-0319

FLORIDA STATUTES DEPOSIT REQUIREMENT NOTIFICATION FORM

Date: _____ Florida Statute: _____

Company or Agent Name

Company or Agent FEIN

Company NAIC Code

Florida Company Code

Requirement for the above company or agent should be established as follows:

\$ _____ Market Value Par Value

Company or Agent Address: _____

City _____ State _____ Zip _____

The requirement of the above named company or agent should be changed as follows:

Old: \$ _____ Market Value Par Value

New: \$ _____ Market Value Par Value

The status of Collateral Management release/exchange authorization on the above company or agent should be as follows:

- Place "Hold Action" Remove "Hold Action"
- Maintain "Hold Action" and execute designated exchange/release

AUTHORIZATION

The Financial condition of the company is in compliance with Florida Law. Yes No

Insurance Examiner: _____ Date: _____

Bureau Chief: _____ Date: _____

REQUIREMENT AND/OR "HOLD ACTION" STATUS RECORDED:

Collateral Management Accountant: _____ Date: _____

The Department of Financial Services office regulating the deposit requirement should originate this form and send to Collateral Management. Collateral Management should record the information, sign the form and return it to the regulating office. The regulating office should maintain the completed form.