



FLORIDA DEPARTMENT OF FINANCIAL SERVICES

Division of Rehabilitation and Liquidation
www.myfloridacfo.com/division/receiver

<DATE>

RCN: <COMPANY><ID NO><SUFFIX>
<FULL NAME>
<ADDRESSLINE1>
<ADDRESS LINE2>
<CITY><STATE><ZIPCODE>

**NOTICE REGARDING
TIME SENSITIVE W-9 FORMS AND INFORMATION**

RE: Receivership: <<insert company name>
Receiver Claim Number (RCN): <COMPANY><ID NO><SUFFIX>

This letter is to advise you that the Florida Department of Financial Services as Receiver anticipates that monies may be owed to you in connection with your claim in the above Receivership. Payment of your claim is subject to court approval and receipt of the requested information as outlined in this correspondence. ***The due date for submitting the requested information is February 28, 2022.***

W-9 FORM

We have attached an Internal Revenue Service W-9 Form, with instructions, for your convenience or you may download a W-9 Form, print legibly, insert your Taxpayer Identification Number (TIN) (social security number), and sign the form. This request for your Taxpayer Identification Number is authorized by Section 6109 of the Internal Revenue Code. Your Taxpayer Identification Number may be used to report claim payments made to you to the U.S. Internal Revenue Service. We will not use your Taxpayer Identification Number for any purposes other than the purpose stated.

If you are represented by an attorney who will be listed as a co-payee on the distribution check, **only** your attorney should complete and forward a properly executed W-9 Form. Otherwise, the attorney listed as a co-payee on the check may submit a letter requesting that he or she be removed from the claim and provide the last known address of the claimant.

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
Division of Rehabilitation and Liquidation
325 John Knox Road • Atrium Building Suite 101 • Tallahassee, FL 32303
• Tel. 850-413-3081 • Tel. 800-882-3054
Website: www.myfloridacfo.com/division/receiver
AFFIRMATIVE ACTION • EQUAL OPPORTUNITY EMPLOYER

If you do not return a properly executed W-9 Form as instructed, we will not be able to process a payment of your claim. The W-9 Form should be mailed to the address below.

Florida Department of Financial Services
Receiver of Sunshine State Insurance Company in Liquidation
325 John Knox Road
Atrium Building, Suite 101
Tallahassee, Florida 32303

NAME AND/OR ADDRESS CHANGES

Our records reflect that any distribution claim check issued will be made payable and sent to the following:

<FULL NAME>
<ADDRESSLINE1>
<ADDRESS LINE2>
<CITY><STATE><ZIPCODE>

If the name(s) and/or address is incorrect or if it does not match the information on the W-9 form submitted, you will need to submit a request for us to process a name and/or address change. The forms and instructions for requesting name and address changes are available from our website at: www.myfloridacfo.com/division/receiver

If you do not fill out and submit the requested form(s), you will not receive a check. If you do not receive a check with this distribution, you will have to go through the DFS Unclaimed Property process after Sunshine State Insurance Company has been discharged.

If you have any questions, please contact Consumer Services at 800-882-3054.