

# Florida Hurricane Catastrophe Fund

## Company Contact Information

Please cross out incorrect contact information on left and note the changes on the right. Include e-mail addresses. If a P.O. Box address is given, correct it with a street address. If you are a New Participant and are completing this form for the first time, fill in all information on the right. Please have the form notarized and signed by two different executive officers even if all information is correct. Mail the original copy back to the address below.

**Ms. Holly Bertagnolli**  
**FHCF Administration**  
**Paragon Strategic Solutions Inc.**  
**8200 Tower - 5600 West 83rd Street, Suite 1100**  
**Minneapolis, MN 55437**

### NAIC Company Name

#### Executive

ContactName

Title

CompanyName

AddressLine1

AddressLine2

AddressLine3

AddressLine4

LastLine

Telephone:

Ext:

Facsimile:

E-mail:

#### Accounting

ContactName

Title

CompanyName

AddressLine1

AddressLine2

AddressLine3

AddressLine4

LastLine

Telephone:

Ext:

Facsimile:

E-mail:

---

**NAIC Company Name**

---

**Claims**

ContactName

Title

CompanyName

AddressLine1

AddressLine2

AddressLine3

AddressLine4

LastLine

*Telephone:**Ext:**Facsimile:**E-mail:***Contracts**

ContactName

Title

CompanyName

AddressLine1

AddressLine2

AddressLine3

AddressLine4

LastLine

*Telephone:**Ext:**Facsimile:**E-mail:***Data Calls**

ContactName

Title

CompanyName

AddressLine1

AddressLine2

AddressLine3

AddressLine4

LastLine

*Telephone:**Ext:**Facsimile:**E-mail:*

---

**NAIC Company Name**

---

I am an executive officer of said insurer, acting within my authority and within the scope of my customary and usual corporate responsibilities in designating the company contacts listed on this form, FHCF C-1, Company Contact Information.

**BY:** \_\_\_\_\_

**TYPED/PRINTED NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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

Before the undersigned authority personally appeared \_\_\_\_\_, who affirmed or on oath says that he or she signed the foregoing FHCF C-1 Company Contact Information.

Affirmed or Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

(Official Notary Signature and Seal)

-----

I am an executive officer of said insurer, acting within my authority and within the scope of my customary and usual corporate responsibilities in designating the company contacts listed on this form, FHCF C-1, Company Contact Information.

**BY:** \_\_\_\_\_

**TYPED/PRINTED NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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

Before the undersigned authority personally appeared \_\_\_\_\_, who affirmed or on oath says that he or she signed the foregoing FHCF C-1 Company Contact Information.

Affirmed or Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

(Official Notary Signature and Seal)