



BRIAN D. GEE
Executive Director

Due Date

MEMORANDUM

To: Member, Florida Self-Insurers Guaranty Association, Inc.
From: Debra Johnson Compton, Assistant Executive Director
Subject: Unit Statistical Report(s) – Optional Electronic Submission Request

Date: _____

Report	Beginning Date	Ending Date
1	_____	_____
2	_____	_____
3	_____	_____

Evaluation Date:

<input type="checkbox"/> No claims incurred Report 1
<input type="checkbox"/> No claims incurred Report 2
<input type="checkbox"/> No claims incurred Report 3

Self-Insurance Authorization Name: _____

Pursuant to Rule 69L-5.205, F.A.C., submission of the OPTIONAL electronic Form DFS-F2-SI-17, "Self-Insurer Unit Statistical Report", should be made using the period(s) and evaluation date shown above, and sent to the Florida Self-Insurers Guaranty Association at the address shown below. Please note that the REQUIRED paper Form(s) DFS-F2-SI-17, "Self-Insurer Unit Statistical Report", must be submitted even when there is an electronic submission.

If you choose to provide an electronic submission, please include a copy of this memorandum indicating (1) who completed the report and, (2) when applicable, that no claims were incurred for a requested period(s).

Report Completed by: Company _____
Name _____ Telephone _____
Signature _____ Email _____

Each report should include ALL ACCIDENTS, both open and closed, which occurred between the beginning and ending dates for that report as shown above. Please see our website at www.fsga.org for electronic formatting and completion instructions.

If you have questions regarding the electronic submission of Form DFS-F2-SI-17, "Self-Insurer Unit Statistical Report", please contact Debra Compton as shown below or by email at debracompton@fsga.org. Thank you for your timely cooperation with this request.

DJC/