

**LOUISIANA CITIZENS PROPERTY INSURANCE CORPORATION
PROCEDURES TO REPORT RECOUPMENT OF
2005 REGULAR ASSESSMENTS
February 26, 2007**

DUE DATE: THIS REPORT MUST BE SUBMITTED TO LA CITIZENS THE LATER OF APRIL 15, 2007 OR FORTY-FIVE (45) DAYS AFTER THE END OF THE RECOUPMENT PERIOD SHOWN BELOW.

WHERE TO FILE: MAIL TO LA CITIZENS, ATTN: STOP RA, PO BOX 60730, NEW ORLEANS, LA 70160. IF NO PAYMENT IS DUE, THE REPORT MAY BE E-MAILED TO assessments@lacitizens.com.

CHANGES TO THE SEPTEMBER 15, 2006 REGULAR ASSESSMENT NOTICE: ONLY SUMMARY INFORMATION WILL BE REQUIRED TO BE REMITTED TO LA CITIZENS. THE LOUISIANA DEPARTMENT OF INSURANCE MAY REQUEST POLICY LEVEL DETAIL. IT IS STRONGLY RECOMMENDED THAT YOU MAINTAIN THE SUPPORTING DOCUMENTATION THAT ACCUMULATES TO THE SUMMARY TOTALS INCLUDED ON THIS REPORT. AN FTP SITE WILL NOT BE ESTABLISHED TO REPORT THE DETAILED POLICY INFORMATION TO LA CITIZENS.

COMPANY NAME: _____ *

COMPANY NAIC NUMBER: _____ *

NAIC GROUP NUMBER: _____ *

MAILING ADDRESS: _____ *

CITY, STATE, ZIP _____ *

CONTACT PERSON: _____ *

TELEPHONE NUMBER: _____ *

E-MAIL ADDRESS: _____ *

* ATTACH A LIST OF MEMBERS IF REPORTING AS AN AFFILIATED GROUP. PLEASE INCLUDE ALL INFORMATION REQUESTED FOR EACH MEMBER OF THE GROUP.

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BEGINNING RECOUPMENT DATE: _____ ENDING RECOUPMENT DATE: _____

LA CITIZENS PLAN: FAIR COASTAL
 RECOUPMENT PLAN: FULL PARTIAL EXTENDED

LINE OF BUSINESS -----	PREMIUM WRITTEN -----	RECOUPMENT PERCENT -----	RECOUPMENT COLLECTED -----
FIRE	\$ _____	_____ %	\$ _____
ALLIED LINES	\$ _____	_____ %	\$ _____
HOMEOWNERS	\$ _____	_____ %	\$ _____
COMMERCIAL MULTI PERIL NON LIABILITY PORTION	\$ _____	_____ %	\$ _____
MOBILE HOME PROGRAMS	\$ _____	_____ %	\$ _____

REGULAR ASSESSMENTS RECOUPED: \$ _____ (LINE 1)

REGULAR ASSESSMENT PAID: \$ _____ (LINE 2)

EXCESS ASSESSMENTS RECOUPED: ** \$ _____ (LINE 1 MINUS 2)

** REMIT PAYMENT VIA CHECK OR MONEY ORDER TO LA CITIZENS FAIR PLAN OR LA CITIZENS COASTAL PLAN,
 ATTN: STOP RA, PO BOX 60730, NEW ORLEANS, LA 70160. A 10% PENALTY WILL BE IMPOSED IF THE FULL
 AMOUNT DUE IS NOT REMITTED WITHIN THE FORTY-FIVE DAY PERIOD PROVIDED.
 WIRE TRANSFER INSTRUCTIONS ARE PROVIDED ON PAGE 3 OF THIS DOCUMENT.

ASSESSMENTS NOT RECOUPED: *** \$ _____ (LINE 2 MINUS 1)

*** WILL AN EXTENDED RECOUPMENT PLAN BE REQUESTED FROM THE LOUISIANA DOI

YES NO

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PAYMENTS MAY ALSO BE MADE BY WIRE TRANSFER AS FOLLOWS:

ACCOUNT NAME LA CITIZENS PROPERTY INSURANCE CORPORATION FAIR PLAN
METAIRIE, LA

ACCOUNT NUMBER 2080273862

BANK NAME CAPITAL ONE BANK
NEW ORLEANS, LA

ABA NUMBER 065000090

OR

ACCOUNT NAME LA CITIZENS PROPERTY INSURANCE CORPORATION COASTAL PLAN
METAIRIE, LA

ACCOUNT NUMBER 2080273854

BANK NAME CAPITAL ONE BANK
NEW ORLEANS, LA

ABA NUMBER 065000090

**PLEASE REMEMBER TO SUBMIT THE REPORT VIA MAIL DELIVERY OR E-MAIL IF THE FUNDS ARE
REMITTED VIA WIRE TRANSFER.**