



OFFICE OF INSURANCE REGULATION
Bureau of Property & Casualty Forms and Rates

ANNUAL RATE FILING FORM TRANSMITTAL
ONLY ONE LINE OF BUSINESS PER FORM
627.0645 F.S. - RULE 4-170.007

1. FEIN (Lead Company): 48-0516614
FL Certificate of Authority: 42456

2. Group Name: None

3. Company Name: Cimarron Insurance Company

4. Mailing Address: 8601 N. Scottsdale Road
Scottsdale, AZ 85253

5. Company Contact Person: Maureen Hackett Title: Chief Underwriting Officer
Phone Number: o: 980-381-3916/m: 646-715-5712

6. Provide your FAX number: _____ 800 number: _____

EFFECTIVE DATE OF THIS FILING 8/1/2026

CHECK APPROPRIATE BOX

TYPE OF ANNUAL FILING

COVERAGE CODES

CERTIFICATION	☒	- FORM OIR-B1-586
EXEMPTION	☐	- FORM OIR-B1-584
EXTENSION	☐	*
OTHER	☐	*
NEW LINE	☐	*
REVISED DATE	☐	*

☐	TYPE OF ANNUAL FILING
☐	040 - HOMEOWNERS
☐	050 - COMMERCIAL MULTI PERIL
☒	090 - PERSONAL INLAND MARINE
☐	192 - PPA LIABILITY
☐	194 - COMMERCIAL AUTO LIABILITY
☐	211 - PPA PHYSICAL DAMAGE
☐	212 - COMMERCIAL AUTO PHYSICAL DAMAGE
☐	540 - MOBILE HOME MULTIPLE PERIL
☐	550 - MOBILE HOME PHYSICAL DAMAGE
☐	1703U - PERSONAL LIABILITY
☐	1703Z - PERSONAL UMBRELLA

Pet Insurance Program

NAME OF PROGRAM

ANNUAL RATE FILING CERTIFICATION

This is to certify that I have reviewed the base rates currently in effect for the company or companies and line of insurance indicated below and have determined that they conform to the requirements of the Florida Statutes as being actuarially sound and not inadequate, as defined in Sections 627.062 or 627.0651, Florida Statutes. **(Only One Line of Insurance Per Form)**

Signature of Consultant
Type Name & Title
Authorized Company Employee
Type Name & Title
COMPANY OR COMPANIES
LINE OF INSURANCE

or	
	Certifying Actuary or Experienced Company Ratemaker
	<u>Maureen Hackett, Chief Underwriting Officer</u> Type Name & Title
	<u>7/13/2026</u> Date of Certification
	<u>5/1/2025</u> Last Certification or Base Rate
	<u>\$ 3,733,251.25</u> Actual Annual Earned Premium
	Current Policies in force <u>5020</u>
	Average Incurred Loss Ratio <u>51.49 %</u>
	Expected Loss Ratio <u>53.75 %</u>
	Expected Profit Margin and Contingency Factor per Florida Rule <u>3.8 %</u>
	Total Expected Expense Ratio <u>46.25%</u>