Office of Insurance Regulation
Bureau of Property & Casualty Forms and Rates

FLORIDA EXPENSE SUPPLEMENT FOR INDEPENDENT RATE FILINGS

COMPANY NAME **Independence American Insurance Company** **DATE** **3/3/2026**
(GROUP)

1) Combination to which this page applies **Pet Health Insurance - Figo**
(Line, Subline, Coverage, Territory, Class, etc.)

2) Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

A. Commission and Brokerage	**17.50 %**
B. Other Acquisition	**0.00 %**
C. General Expense	**19.68 %**
D. Premium taxes	**1.75 %**
E. Miscellaneous licenses and fees, other taxes	**0.19 %**
F. Other expenses	**0.00 %**
G. Expected Profit Margin & Contingency Factor (per Florida Rule 690-170.003)	**4.88 %**
H. TOTAL (Expected Expense Ratio)	**44.00 %**

3) Expected Loss Ratio: ELR = 100% - 2H = **56.00 %**

4) Current Number of Policies in Force: **9,903**

5) Florida Rate Filing History:

	Rate Change Requested	Rate Level Indication	Incurred Loss Ratio (Latest Calendar/Accident Year)	Earned Premium Volume (Latest Calendar/Accident Year)	Rate Change Approved	New Bus. Effective Date	Renewal Effective Date
New Filing	Med: 27.1% Well: 0.0% Total 26.2%	Med: 27.1% PC:--14.5% Total 25.7%	Med: 66.9% PC: 48.0% Total 65.6%	Med: $5,556k PC: $405k Total $5,961k	%	5/1/2026	5/1/2026
1st Prior Filing	Med: 19.0% Well: 0.0% Total 17.8%	Med: 20.3% Well: 3.0% Total 19.2%	Med: 66.2% Well: 54.5% Total 65.4%	Med: $3,516k Well: $229k Total $3,745k	Med: 19.0% Well: 0.0% Total 18.5%	4/1/2025	4/1/2025
2nd Prior Filing	25.9%	28.5	63.3%	$ 2,463K	25.9%	4/1/2024	4/1/2024