March 31, 2026

Florida Office of Insurance Regulation
200 E Gaines St, Tallahassee, FL 32399

Subject: Wysh Life and Health Insurance Company
Accidental Death Policy Form: 24.AD.PF.FL(01.2024)
69O-149.007 Annual Rate Certification (ARC) Waiver Request

Dear Sir or Madam:

This letter requests a waiver from the annual rate certification for the above-referenced policy form. This waiver is requested in accordance with F.A.C. 69O-149.007.(7), on the basis that experience for this form is noncredible on a nationwide basis under the credibility standard documented in F.A.C. 69O-149.0025.

This form has low expected claims frequency. For such forms, F.A.C. 69O-149.0025.(6).(b) assigns 0% credibility for claim count of 200 or fewer. The company began issuing this form nationwide in 2022. The following table shows nationwide claim count and end of year inf-force policy count by calendar year, demonstrating that the cumulative claim count is below the minimum.

Calendar Year	EOY Policy Count (Nationwide)	Claim Count (Nationwide)	EOY Policy Count (FL)	Claim Count (FL)
2022	63	0	0	0
2023	261	0	0	0
2024	152	0	0	0
2025	116	0	0	0

Thank you in advance for your review of this submission. If you have questions, please contact me at Josh.weintraub@coreactuarial.com

Best regards,
Joshua Weintraub

Joshua Weintraub, FSA, MAAA,

Consulting Actuary

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Core Actuarial Resources