

ATPA Annual Assessment

Submission Required By:
ALL AUTO INSURERS

2009
Due 3/31/10

AUTO INSURERS:

Complete and submit this form with assessment payment, *to the* Automobile Theft Prevention Authority (ATPA).

Complete and submit this form even if no assessment is due.

Send completed form with payment directly to the Michigan Department of State Police at the address below.

Do NOT send it to Office of Financial and Insurance Regulation.

Name and address of Company	NAIC Group number	NAIC Company code
	Contact person name	
	Contact person email address	
	Contact person phone (include area code and extension)	
Please attach supporting documentation for this calculation 	Total earned car years (*) on all private passenger vehicles insured in 2009	
	ATPA ASSESSMENT <i>Multiply Total earned car years (above) by \$1.00</i>	

* - An earned car year is defined as 12 months of insurance coverage on a vehicle.

Do *NOT* send to Office of Financial and Insurance Regulation
SEND DIRECTLY TO:

MICHIGAN DEPARTMENT OF STATE POLICE
BUDGET AND FINANCIAL SERVICES DIVISION
333 S. GRAND AVE.
LANSING MI 48933

Please make check payable to:
STATE OF MICHIGAN

For assistance with this form, please contact
Newt Shoup by phone at (517) 241-0447
or by email to shoupn@michigan.gov

Certification:

I have examined this completed form, and the information given is complete and correct. Amounts given are a true and complete statement of business done in Michigan during this reporting year.

Signature _____ Date signed _____

Signer's name and title, typed or printed _____

P.A. 174 of 1992 requires submission of this form by all Insurers liable for ATPA assessment. Failure to file could result in suspension, revocation or other action against insurer's Michigan certificate of authority.