

**ASSESSABLE PREMIUM FOR
MICHIGAN ASSIGNED CLAIMS FACILITY**

Submission Required By: PROPERTY & CASUALTY INSURERS <i>Read instructions below</i>	2008
	DUE 3/1/09

PLEASE READ AND FOLLOW INSTRUCTIONS

Please file this form if either:

- Company has snowmobile and/or motorcycle premiums reported on the Annual Statement for Michigan (1)
- Assessment invoices should be sent to a different contact person or address than noted on your Annual Statement for Michigan (2)

All Property and Casualty Insurers: Companies will be assessed based on the amount of direct premiums reported to the NAIC and the Office of Financial and Insurance Regulation on the company's annual statement. Surplus Lines Insurers will not be assessed.

Groups: Submit a separate form FIS 0065 for each company having a separate NAIC Company code.

The amount of snowmobile and motorcycle premiums you report on this form will be deducted from assessable premiums for purposes of the assessment for the Assigned Claims Plan.

Use this form to report the amount of snowmobile and motorcycle premiums included in your annual statement, page 19 (Exhibit of Premiums and Losses, Business in the State of Michigan), column 1, Direct Premiums Written (total of lines 19.1 through 19.4).

Submit completed forms directly to the Michigan Department of State on or before the due date in the upper right corner. Do not send this form to OFIR. Do not enclose it with your annual statement filing.

(1) Enter snowmobile and motorcycle premiums included in lines 19.1 through 19.4 of the Annual Statement for Michigan, page 19, column 1 (use whole dollar amounts)

\$ _____ .00

ALL FILERS COMPLETE BELOW
Company name and address as entered on you Michigan Annual Statement

(2) If assessment invoice should be sent to a different person or address, please enter complete address below:

NAIC Group number	NAIC Company code
Contact person name and phone (please include area code and extension)	
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DO NOT send to Office of Financial and Insurance Regulation
Please return completed form FIS 0065 directly to:

ASSIGNED CLAIMS FACILITY
MICHIGAN DEPARTMENT OF STATE
7064 CROWNER DR
LANSING MI 48918

Ph. (517) 322-1875

Certification:

I have examined this completed form, and the information contained in it is complete and correct.

Signature	Date signed
Signer's name and title, typed or printed	

P.A. 174 of 1974 requires submission of this form by Property and Casualty Insurers to request that assessment invoices be sent to an address other than the one listed on the company's Michigan Annual Statement filing. Use or non-use of this form does not modify the statutory requirements pertaining to assessments for the Assigned Claims Plan.