FIS 0116 (10/05) Office of Financial & Insurance Services

Assessable Premium Calculation For Michigan Basic Property

Submission Required By: ALL PROPERTY & CASUALTY INSURERS	2005
	DUE 3/1/06

ALL Property & Casualty Insurers must complete this form and submit it to the Michigan Basic Property Insurance Association on or before March 1. Groups must submit a separate form for each company.

The information submitted on this form is a statement of each company's *Assessable Premiums* as defined in Section 2901 (d) of the Michigan Insurance Code. Companies will be assessed based on the amounts reported. Please read the instructions and notes carefully. Complete entire report by typing or printing.

Name and address of Company	NAIC Group number	NAIC Company code
	Contact person name and phone (please include area code and extension) ( )	

Line of Business	Column 1 Direct Michigan premiums written (amounts must agree with page 20, column 1 of company's annual statement)	Column 2 Dividends paid or credited (must agree with page 20, column 3 of annual statement [see note below])	Column 3 Deductions (see note below)	Column 4 *Subtract Column 2 and Column 3 from Column 1*
1. Fire				
2. Allied lines				
3. Commercial multi-peril non-liability				
4. Inland marine				
5. Burglary and theft				
6. SUB TOTAL Add Column 4 lines 1 through 5				
7. Homeowners multi-peril				
8. GRAND TOTAL Add Column 4 lines 6 and 7				

NOTES:

Column 2 Only list dividends on premiums included in Column 1.

Column 3 Only list deductions to premiums included in Column 1. The deductions only include premiums on policies covering Michigan farm property, and policies covering solely aircraft, watercraft and motor vehicles.

Column 4 Line 6 is the Basic Property Insurance assessable premium.

Column 4 Line 7 is the Home Property Insurance assessable premium.

Column 4 Line 8 is the Aggregate Property assessable premium.

DO *NOT* send to Office of Financial and Insurance Services
Please return completed form FIS 0116 directly to:

MICHIGAN BASIC PROPERTY INSURANCE ASSN
ATTN: ASSESSMENT ACCOUNTING
PO BOX 86
DETROIT MI 48231-0086

(313) 877-7400

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

MCLA 500.2932 requires completion of this form by all Property and Casualty Insurers.

Michigan Department of Labor & Economic Growth

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