

Submission Required By: ALL PROPERTY & CASUALTY INSURERS	2011
	DUE 3/1/12
Bar Code Required - Place Bar Code Here	

Municipal/Liquor Liability Report of Premiums and Losses for Michigan

Name of Company	NAIC Group number	NAIC Company code
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This is a supplemental breakdown of premiums and losses entered on the Annual Statement, Page 19, Line 17-1 and 17.2.

REPORT MICHIGAN BUSINESS ONLY If no business was written, enter "none"	Column 1 Direct premiums Written	Column 2 Direct premiums Earned	Column 3 Dividends Paid or Credited	Column 5 Direct Losses Paid	Column 6 Direct Losses Incurred
Municipal Liability see Note 1					
Liquor Liability see Note 2					

Note 1- Include the municipal liability portion of any policy for which the premiums for municipal liability are separately stated. Include all indivisible premium policies for which at least one-half of the premium is for municipal liability.

Note 2- Do not include Owners, Landlords & Tenants (OL & T) premiums, losses or dividends.

RETURN COMPLETED REPORT TO OFIR WITH YOUR ANNUAL STATEMENT FILING, OR MAIL TO:

For courier delivery, send to:

OFIR-Policy Division
P.O. BOX 30220
LANSING MI 48909-7720

OFIR-Policy Division
611 W. Ottawa
LANSING MI 48933

If you have questions about this form, contact OFIR Policy Division toll-free at 1-877-999-6442.

Certification

I certify that I am an officer of the company named in this report and that I have authority to prepare and file this report. I have examined this report thoroughly and it is true, complete and correct to the best of my knowledge and belief.

Signature of Company Officer	Date signed
Company Officer's name and title typed or printed	Person and phone number to contact regarding this report



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