

Report of Insurance Purchased From an Unauthorized Insurer

Direct placement--Policyholders and Purchasing Groups must file this form and pay a 2% premium tax plus .5% regulatory fee, within 30 days of effective date of a policy purchased from an unauthorized insurer. Please complete form by typing or printing clearly.

Important Note: The Commissioner may not be able to assist you with a dispute with an unauthorized insurer. In the event of an insurer insolvency, payment of claims or return of unearned premium cannot be guaranteed.

Policy was purchased by: <i>(choose one)</i> <input type="checkbox"/> Policyholder <input type="checkbox"/> Purchasing Group <hr/> Type of insurance coverage <hr/> Amount of coverage <hr/> Effective date of Policy From To <hr/> Policy number	Name and mailing address of Policyholder or Purchasing Group: <hr/> <hr/> <hr/>	Name and mailing address of Unauthorized Insurer <hr/> <hr/> <hr/>
Policyholder or Purchasing Group's Tax ID Number (FEIN). If individual, enter Social Security Number.		

CALCULATION:

Enter Total Premium amount. Multiply premium by .025 to compute the amount due (2% tax plus .5% regulatory fee).

Total Premium	\$		x	.025	=		\$		AMOUNT DUE
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*Please make check or money order for amount due, payable in U.S. dollars to:
State of Michigan*

Validation code 72 9719 7175

Name and daytime phone of person to contact regarding this form ()	<p>Certification: I certify that the information and amounts given in this report are true and complete.</p>
Signature of policyholder or authorized representative of purchasing group	
Signer's name typed or printed	Date signed

Return this completed report with payment to:

**OFIS - Surplus Lines Taxes
P.O. Box 30165
Lansing MI 48909-7720**

Sec. 500.1951 of the Michigan Insurance Code requires filing of this report and payment of premium tax plus regulatory fee by an insured or employee of an insured who, from an unauthorized insurer, procures, causes to be procured, or continues or renews insurance upon a subject that is resident, located, or to be performed within Michigan. This requirement applies to excess loss, catastrophe, or other insurance procured or continued by a self-insurer from an unauthorized insurer. Failure to file as required may result in a compliance action or a civil action to recover monies due the State of Michigan, including interest, penalty and costs the Office of Financial and Insurance Services or Department of Treasury may incur in the collection of these monies.



Michigan Department of Labor & Economic Growth

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Phone OFIS toll-free at: 1-877-999-6442