

Filing Summary
(form FIS 0700)
submission date

MM / DD / YY

Time Deviation Data Sheet

Name of specific insurer submitting this filing: *Enter only one insurance company name. Submit an additional filing for each additional insurer.*

NAIC Company Number

Rating Organization Name

Rating Organization Filing Designation Number

1. Effective date given by our office to Rating Organization filing:

MM / DD / YY

2. Effective date you will implement the filing:

MM / DD / YY

3. Method of filing:
(choose one)

- File and Use
 Prior Approval

4. Certification

I certify that to the best of my knowledge and belief, this filing fully conforms to the laws of the State of Michigan. This filing contains no provisions previously disapproved (or called to the attention of said insurer for correction or revision) by the Office of Financial and Insurance Regulation (or its predecessor, the Office of Financial and Insurance Services), except as specifically noted.

Signature of Authorized Representative	Date signed	Authorized Representative name and title <i>(typed or printed)</i>
Authorized Representative EMail address	Authorized Representative phone number	

PA 218 of 1956 requires submission of this form with Michigan time deviation filings. Filings submitted without this form will be returned without review.

Send completed form to:

OFIR
 PO Box 30220
 Lansing MI 48909-7720

Official Use Only		
Analyst	Approved	Deemed
Filed	Withdrawn	Disapproved
Effective from:	Stamp & Return	Copy mailed
Effective to:	Processed	CMS



Michigan Department of Labor & Economic Growth

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