

TITLE COMPANIES

COMPANY NAME: _____ **NAIC Company Code:** _____

Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: MICHIGAN **Filings Made During the Year 2009**

(1) Check- List	(2) Line #	(3) REQUIRED FILING FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2" x 14")	1	EO	xxx	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E27) @	1	EO	xxx	3/1	NAIC	A-K, M
	2	Quarterly Financial Statement (8 1/2" x 14")	1	EO	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
		II. NAIC SUPPLEMENTS						
	11	Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	A-K, M
	12	Management Discussion & Analysis	1	EO	xxx	4/1	Company	A-K
	13	Schedule SIS	xxx	N/A	N/A	3/1	NAIC	A-K, M
	14	Statement of Actuarial Opinion	1	EO	xxx	3/1	Company	A-K
	15	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	A-K, M
	16	Supplemental Schedule of Business Written By Agency	xxx	EO	xxx	4/1	NAIC	A-K
		III. ELECTRONIC FILING REQUIREMENTS						
	40	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	A-K, M
	41	March .PDF Filing	xxx	1	xxx	3/1	NAIC	A-K, M
	42	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	A-K, M
	43	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	A-K, M
	44	Quarterly Statement Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	45	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	46	June .PDF Filing	xxx	1	xxx	6/1	NAIC	A-K, M
		IV. AUDITED FINANCIAL STATEMENTS						
	61	Accountants Letter of Qualifications	1	N/A	N/A	6/1	Company	A-K, O
	62	Audited Financial Statements	1	EO	xxx	6/1	Company	A-K, O
	63	Audited Financial Statements Exemption Affidavit	1	N/A	N/A	6/1	Company	A-K
	64	Independent CPA	1	N/A	N/A	6/1	Company	A-K, O
	65	Notification of Adverse Financial Condition	1	N/A	1	SEE NOTE	Company	A-K, P
	66	Report of Significant Deficiencies in Internal Controls	1	N/A	1	8/1	Company	A-K, Q
	67	Request for Exemption to File	1	N/A	N/A	SEE NOTE	Company	A-K, R
		V. STATE REQUIRED FILINGS						
	101	Filings Checklist (with Column 1 completed)		0			State	A-K
	102	Premium Tax		0		SEE NOTE	State	D
	103	State Filing Fees		0		SEE NOTE	State	C
	104	Signed Jurat	0	0	0	SEE NOTE	State	L

***If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).**

****If Form Source is NAIC, the form should be obtained from the appropriate vendor.**

@If schedule is included in the annual statement submitted as item #1, an additional copy is not required.