## Report of Insurance Purchased From an Unauthorized Insurer

Direct placement--Policyholders must file this form and pay a 2% surplus lines 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 Director 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.

Name and ma										
	Name and mailing address of Policyholder:					Name and mailing address of Unauthorized Insurer: Unauthorized Insurer's Contact Person name, phone, and email address:				
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		F If indivi	olicyholder's	Tax ID Number (FEIN). ocial Security Number.	<b>&gt; &gt; &gt;</b>					
			10070 Tegalatory 1007	AMOUNT DUE	Please make check or money order for amount due, payable in U.S. dollars to:  State of Michigan					
			Validatio	n code 72 97 19	71-75		State of Mile	inguii		
ct regarding this form	:			Certification: I cer this report are true a	tify that the informat nd complete.	ion and amounts	given in			
ct regarding this form ( this form:	)			Certification: I certhis report are true a Signature of policyh	nd complete.	ion and amounts	given in			
		m by .025 to compute the amo	m by .025 to compute the amount duting $\mathbf{x}$ .025 =	If individual, enter S m by .025 to compute the amount due (2% tax plu $\mathbf{x}$ .025 = \$		m by .025 to compute the amount due (2% tax plus 5% regulatory fee).	m by .025 to compute the amount due (2% tax plus.5% regulatory fee).    AMOUNT   Please manount due   Please manou	m by .025 to compute the amount due (2% tax plus.5% regulatory fee).     X   .025   = \$   AMOUNT   DUE   Please make check or amount due, payable in State of Mice.	m by .025 to compute the amount due (2% tax plus.5% regulatory fee).  X .025 = \$  AMOUNT DUE  Please make check or money or amount due, payable in U.S. do State of Michigan	

Return this completed report with payment to:

DIFS - 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 surplus lines 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 policy holder 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 Department of Insurance and Financial Services or Department of Treasury may incur in the collection of these monies.

