

Municipal/Liquor Liability Report of Premiums and Losses for Michigan

Submission Required By: ALL PROPERTY & CASUALTY INSURERS	2015
	DUE 3/1/16

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 DIFS WITH YOUR ANNUAL STATEMENT FILING,
OR MAIL TO:

For courier delivery, send to:

DIFS - Office of General Counsel
Research, Rules, and Special Projects Section
P.O. BOX 30220
Lansing, MI 48909-7720

DIFS - Office of General Counsel
Research, Rules, and Special Projects Section
530 W. Allegan Street, 7th Floor
Lansing, MI 48933

If you have questions about this form, contact DIFS Office of General Counsel - Research, Rules, and Special Projects Section toll-free at 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



Michigan Department of Insurance and Financial Services

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