

Surplus Lines Agent Semi-Annual Report of Michigan Premiums and Tax

Complete each side of this report. Attach additional sheets if necessary.
 All INS 270 versions of this form are obsolete and will not be accepted..

Licensee Name	Report Period (check only one, enter year)
Licensee FEIN or Social Security Number	<input type="checkbox"/> Jan. 1 to June 30, _____ Due August 15 same year
Contact person name and phone no.	<input type="checkbox"/> July 1 to Dec. 31, _____ Due February 15 of year following report year

**IMPORTANT
 INSTRUCTIONS!
 PLEASE READ BEFORE
 COMPLETING YOUR
 REPORT**



REPORT PERIODS ARE
 SEMI-ANNUAL
 Monthly reports will not be
 accepted. Tax payments will
 only be accepted with the
 semi-annual reports.

File FIS 0269 (Report of
 Transaction With an
 Unauthorized Insurer not
 Recognized as Eligible)
 form(s) semi-annually as
 attachments to this report.

TAX CALCULATION IS DONE
 ONCE PER REPORT
 Tax of 2% and a regulatory fee
 of 1/2% is calculated for
 aggregate total premium.

REPORT INSURERS FROM
 WHICH SURPLUS LINES
 INSURANCE WAS
 PROCURED ON PAGE 2
 You must report all insurance
 companies including their
 N.A.I.C. insurer identification
 number (if applicable) and the
 total amount of premiums that
 were placed with each
 company.

Validation code:
 97-07-7175

Please make check for full amount
 of Line B payable in US Dollars to:
State of Michigan

Line of Business	Line Code	Net Direct Premiums Written Enter dollars and cents-do not round off	Transaction Count
Fire	1		
Allied Lines	2.1		
Farmowners Multiple Peril	3		
Homeowners Multiple peril	4		
Commercial Multiple peril	5		
Ocean Marine	8		
Inland Marine	9		
Medical and Hospital Malpractice	11		
Earthquake	12		
Group Accident and Health	13		
Non-Group Accident and Health	15		
Workers' Compensation	16		
Other Liability	17		
Municipal or other Governmental Liability	17.1		
Liquor Liability	17.2		
Prof. Liability not Medical/Hospital Malpractice	17.4		
Products Liability	18		
Private Passenger Automobile (PIP)	19.1		
Other Private Passenger Auto Liability	19.2		
Commercial Auto No-Fault (PIP)	19.3		
Other Commercial Auto Liability	19.4		
Private Passenger Auto Physical Damage	21.1		
Commercial Auto Physical Damage	21.2		
Aircraft (all perils)	22		
Fidelity	23		
Surety	24		
Glass	25		
Burglary and Theft	26		
Boiler and Machinery	27		
Credit	28		
Other Lines (attach itemized list describing each line & amount)			
A. Total Net Direct Premiums Written			
B. 2.5% Tax/Regulatory fee due (multiply line A. by .025)			

Please complete page 2
 of this report

