

MICHIGAN ASSIGNED CLAIMS PLAN PARTICIPATION REPORT AND ASSESSMENT

ASSESSMENT YEAR 2012

INVOICE DATE	INVOICE NUMBER	COMPANY REMITTANCE CODE	DUE DATE	AMOUNT DUE
08/30/13			09/29/2013	\$226,756,696

A. Total Program

1. Claims Paid	\$202,091,542
2. Loss Adjustment Expense	\$30,886,983
3. Statutory Interest	\$261,196
4. Servicing Insurer Recoveries	\$5,905,822
5. Total Servicing Insurer Expenditures (A1+A2+A3-A4)	\$227,333,899
6. MAIPF Administrative Costs	\$1,021,231
7. Collections of Late Payment Interest	
8. MAIPF Recoveries	\$1,598,434
9. Prior Year Adjustments	
10. Total MAIPF Expenditures (Subtotal A6+A7-A8-A9)	\$577,203-
11. Total Program Assessment (A5)+(A10)	\$226,756,696

B. Carrier/Self-Insurer Participation

1. Your Company's Annual Stmt Prem (Net of Exception Premium)	
2. Statewide Annual Statement & Imputed Premium	\$4,666,589,188
3. Your Company's Participation Ratio (B1)/(B2)	1.000000000000
4. Your Total Assessment (A11)*(B3)	\$226,756,696

CODE / COMPANIES INCLUDED	PARTICIPATION RATIO	PREMIUM	ASSMT.
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If the "Amount Due" displayed above is a positive balance, please remit this amount. Payments must be postmarked by the due date. Failure to remit funds by the due date will result in the assessment of late payment fees in accordance with Plan requirements. The minimum late payment fee is \$50.00. MAKE CHECK PAYABLE TO: MICHIGAN AUTOMOBILE INSURANCE PLACEMENT FACILITY c/o AIPSO, PO Box 6530, Providence, RI 02940-6530, to the attention of the Director of Financial and Investment Services.

If the "Amount Due" displayed above is a negative balance, payment will be issued to the carrier electronically within 45 days of the invoice date (typically applicable only to MACP servicing insurers).

Companies who wish to pay this assessment using electronic fund transfers should send the funds to:
 Webster Bank, 50 Kennedy Plaza, Suite 1110, Providence, RI 02903
 Account name: Michigan AIPF Account number: 1918055780 ACH and Wire routing number: 211170101