

Change in Registration for Purchasing Groups

Due within 10 days of effective date of change.

Name of Purchasing Group *(if name is changing, enter old name here and new name in first box below)* | Group's Federal Employer I.D. Number

Check box(es) to show which Purchasing Group registration information changed:	New information	Effective date of change
<input type="checkbox"/> Purchasing Group Name <input type="checkbox"/> Address <input type="checkbox"/> Phone Number		
<input type="checkbox"/> Delete past Insurer		
<input type="checkbox"/> Add new Insurer (Submit \$25 fee)		
<input type="checkbox"/> Delete Agent, Agency or Risk Retention Group <input type="checkbox"/> Change Agent, Agency or Risk Retention Group		
<input type="checkbox"/> Add state		
<input type="checkbox"/> Delete state		
<input type="checkbox"/> Change Purchasing Group Officer		
<input type="checkbox"/> Change Purchasing Group Contact person		
<input type="checkbox"/> Other (describe)		

Attach additional sheets if needed.

Officer Certification: I certify that the information in this report, and any attachments included with it, is complete and correct.

Signature of officer of the Purchasing Group | Date signed

Officer Name and Title *(please type or print)* | Name and phone number of person to contact regarding this report

PA 214 of 1989 requires submission of this form within 10 days of the effective date of any Purchasing Group registration information changes. Failure to file properly may result in a compliance action against the purchasing group.



Michigan Department of Labor & Economic Growth

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