

## Affiliation Statement for Purchasing Groups and Foreign Risk Retention Groups

Must be completed by **all** officers, directors, and individual or corporate (or other entity) owners of 10% or more of the purchasing group (PG) or foreign risk retention group (FRRG).

Purchasing Group or Foreign Risk Retention Group Name	Tax ID Number (FEIN)
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**Relationship:** Check the box that describes your relationship to the PG or FRRG and enter all information. Every officer, director, and individual or corporate (or other entity) owner of 10% or more must complete an affiliate statement.

<input type="checkbox"/> Officer or Director <input type="checkbox"/> Individual Owner of 10% or More <hr/> Name <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; border-bottom: 1px solid black;">Title in Relation to PG or FRRG</td> <td style="width:30%; border-bottom: 1px solid black;">Percentage Ownership: %</td> </tr> </table> <hr/> Date of Birth <hr/> Social Security Number <hr/>	Title in Relation to PG or FRRG	Percentage Ownership: %	OR	<input type="checkbox"/> Corporate (or other entity) Owner of 10% or More <hr/> Corporation Name <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; border-bottom: 1px solid black;">Incorporation State</td> <td style="width:30%; border-bottom: 1px solid black;">Percentage Ownership: %</td> </tr> </table> <hr/> Corporation Tax ID Number (FEIN) <hr/> Contact Person <hr/>	Incorporation State	Percentage Ownership: %
Title in Relation to PG or FRRG	Percentage Ownership: %					
Incorporation State	Percentage Ownership: %					

**Contact Information:** Enter all contact information for the individual officer, director, or owner. For a corporate (or other entity) owner, include the email address and phone number of the contact person.

Mailing Address Line 1	Mailing Address Line 2	City	State	Zip Code
Email Address		Phone Number		

**Background Questions:** Answer all questions completely. If you complete this form for a corporate (or other entity) owner, answer on behalf of the corporation not yourself. If additional space is needed, provide the response in an attachment.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Do you hold or have you ever held an insurance license? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach a list of all insurance licenses, including the license type, licensing state, and status of each license.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you been refused or had an action (suspension, revocation, fine, etc.) taken against an insurance or other professional license? (If yes, provide documentation of the action and a written statement for each instance.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Have you been convicted or entered a plea of guilty or nolo contendere to a felony or misdemeanor other than minor traffic violations, without regard to whether adjudication was withheld? (If yes, provide the complaint, final disposition document, any other relevant documents, and a written statement for each case.)

4. Have you been subject to any credit or financial proceeding necessitating court intervention?  
 (If yes, provide the complaint, final disposition document, and a written statement for each instance.)

- Yes  
 No

**Certification**

I swear under penalties of perjury that the information in this statement and attached is true, accurate, and complete.

Name (type or print)

Signature (original or electronic only)

Date

If submitted with an application, mail to:

**DIFS Insurance Licensing  
 PO Box 30165  
 Lansing, MI 48909-7665**

If not submitted with an application, email ([DIFS-LicensingORE@michigan.gov](mailto:DIFS-LicensingORE@michigan.gov)) or mail to:

**DIFS Insurance Licensing  
 PO Box 30220  
 Lansing, MI 48909-7720**

This form is authorized by Chapter 18 of Public Act 218 of 1956 ([MCL 500.1801 et seq.](#)). Failure to submit this form as required, misrepresentations, or omissions may result in a denial of an application or renewal filing and other penalties.



**Michigan Department of Insurance and Financial Services**

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