

## Report of Operations for Purchasing Groups and Foreign Risk Retention Groups

Purchasing Group or Foreign Risk Retention Group Name	Effective Date	Tax ID Number (FEIN)
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**Instructions:** Complete with initial application, and when there is a change in the jurisdictions where the purchasing group or foreign risk retention group operates. Report changes within 10 days.

For each jurisdiction, mark the applicable box. If needed, list additional jurisdictions, in an attachment.

	Operates here ▼	Intends to operate here ▼	Does not operate here ▼		Operates here ▼	Intends to operate here ▼	Does not operate here ▼	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alabama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nevada
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alaska	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	New Hampshire
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arizona	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	New Jersey
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arkansas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	New Mexico
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	California	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	New York
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colorado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	North Carolina
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Connecticut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	North Dakota
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delaware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ohio
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	District of Columbia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oklahoma
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Florida	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oregon
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Georgia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pennsylvania
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Puerto Rico
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hawaii	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rhode Island
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Idaho	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	South Carolina
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Illinois	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	South Dakota
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indiana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tennessee
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Iowa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Texas
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kansas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utah
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vermont
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Virgin Islands (U.S.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Virginia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washington
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	West Virginia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wisconsin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wyoming
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Canada
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Montana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Certification (must be completed by an officer or director)**

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

Name (type or print)
Title (type or print)
Signature (original or electronic only)
Date
Email Address
Phone Number

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 annual filing and other penalties.



**Michigan Department of Insurance and Financial Services**

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