

For the year ending December 31
_____
(enter report year)

# Purchasing Group Annual Renewal Report

Due on February 1 of the year following the report year.  
Submit this form even if the Purchasing Group has no business to report

Name of Purchasing Group			Tax ID number (FEIN)			
Business Street Address		Floor or Suite Number	City		State	ZIP Code
Mailing Address		Floor or Suite Number	City		State	ZIP Code
Name of Contact Person		Email Address for Contact Person			Telephone Number for Contact Person	

Report of Premiums: Complete this report for all insurance purchased by or on behalf of the Purchasing Group during this report year. (Attach additional pages if necessary.)

Name of Insurance Company that issued insurance policy or contract:	NAIC Number:	Name of each Producer or Business Entity Producer involved in this transaction:	National Producer Number (NPN):	Net Michigan premiums for report year:	Tax is paid by: (If paid by Surplus Lines Agent see box below to enter the amount.)	
					<input type="checkbox"/> Surplus Lines Agent <input type="checkbox"/> Insurance Company <input type="checkbox"/> Risk Retention Group	<input type="checkbox"/> Direct placement by Purchasing Group
					<input type="checkbox"/> Surplus Lines Agent <input type="checkbox"/> Insurance Company <input type="checkbox"/> Risk Retention Group	<input type="checkbox"/> Direct placement by Purchasing Group
					<input type="checkbox"/> Surplus Lines Agent <input type="checkbox"/> Insurance Company <input type="checkbox"/> Risk Retention Group	<input type="checkbox"/> Direct placement by Purchasing Group
					<input type="checkbox"/> Surplus Lines Agent <input type="checkbox"/> Insurance Company <input type="checkbox"/> Risk Retention Group	<input type="checkbox"/> Direct placement by Purchasing Group

List each insurance company the group is currently participating with not listed above. (Attach additional pages if necessary):	Total amount of surplus lines taxes paid to directly by the purchasing group for Michigan business via OPTins (if none enter "zero"):	Select the correct statement (choose only one)
	\$	
Insurance Company Name	NAIC Number	<input type="checkbox"/> This Purchasing Group intends to continue operating in Michigan <input type="checkbox"/> This Purchasing Group has ceased or intends to cease operations in Michigan on this date:

**Officer Certification:** I certify that the information in this report is complete and correct, and that all changes in registration not previously reported are attached to this report.

Signature of Officer of the Purchasing Group (Digital/Original Signature Only)	Officer Name and Title (please type or print)	Date Signed

Submit completed and signed form to:	Preferred method of submission: <a href="mailto:DIFS-LicensingORE@michigan.gov">DIFS-LicensingORE@michigan.gov</a> Department of Insurance and Financial Services PO Box 30220 Lansing, MI 48909-7720
All renewals that require payment to add a new insurer should submit an <a href="#">FIS 0363 Purchasing Group Change in Registration</a> and mail the form to the PO Box listed.	

Authority: PA 214 of 1989, the "Risk Retention Act," requires annual submission of this form. Failure to complete and submit this form properly could result in a compliance action or revocation of the Purchasing Group's Michigan registration.