

For Year Ending December 31
_____ (enter report year)

Purchasing Group Annual Renewal Report

Due February 1 of the year following the report year.
Must be submitted even if the purchasing group has no business to report.

Purchasing Group Name		Tax ID number (FEIN)				
Business Address Line 1	Business Address Line 2	City			State	ZIP Code
Mailing Address Line 1 (<input type="checkbox"/> same as business address)	Mailing Address Line 2	City			State	ZIP Code
Contact Person Name	Contact Person Email Address			Contact Person Phone Number		

Report of Business: List all insurance companies active with the purchasing group (attach additional pages if needed).
Your signature below provides approval to inactivate the purchasing group's relationship with any insurer not listed.

Insurance Company	NAIC Number	Producer (individual or business entity)	National Producer Number (NPN)	Net Michigan Premiums for Year (if none, enter "zero")	Tax Paid by Whom
					<input type="checkbox"/> Insurance Company <input type="checkbox"/> Risk Retention Group <input type="checkbox"/> Surplus Lines Agent <input type="checkbox"/> Purchasing Group
					<input type="checkbox"/> Insurance Company <input type="checkbox"/> Risk Retention Group <input type="checkbox"/> Surplus Lines Agent <input type="checkbox"/> Purchasing Group
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					<input type="checkbox"/> Insurance Company <input type="checkbox"/> Risk Retention Group <input type="checkbox"/> Surplus Lines Agent <input type="checkbox"/> Purchasing Group

Surplus lines taxes paid directly by the purchasing group for Michigan business via NAIC OPTins (if none, enter "0"): \$ _____

Continued Operations: Please indicate the purchasing group's operational status in Michigan.

Purchasing group intends to continue operating in Michigan
 Purchasing group ceased or intends to cease operations in Michigan on this date (MM/DD/YYYY): _____

Certification (to be completed by an officer or director of the purchasing group)

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

Name and Title (type or print)	Signature (original or electronic only)	Date (MM/DD/YYYY)

Submit this form via email (DIFS-LicensingORE@michigan.gov) or mail to:

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

*If the purchasing group is adding a new insurer(s), it must submit form [FIS 0363 Purchasing Group Change in Registration](#) and mail the form with payment to the address listed on that form.

*Authority: Public Act 218 of 1956. Failure to complete or submit this form, false statements, or omissions may result in rejection of your application, denial of a license, revocation of a license if issued, and other civil and criminal action.



Michigan Department of Insurance and Financial Services

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