

## Purchasing Group Change in Registration

Due within 10 days of effective date of change.

**Any change in FEIN requires submission of new FIS 0359 Purchasing Group Application.**

Name of Purchasing Group <i>(if name is changing, enter previous name here and new name in first box below.)</i>		Tax ID number (FEIN)
<b>Check the box / boxes to indicate which registration information has changed:</b>	<b>New Information</b>	<b>Effective date of change</b>
<input type="checkbox"/> Purchasing Group name <input type="checkbox"/> Telephone Number		
<input type="checkbox"/> Principal Address <input type="checkbox"/> Mailing Address		
<input type="checkbox"/> Delete past Insurer		
<input type="checkbox"/> Add new Insurer and <b>submit \$25 fee per Insurer</b> ; Include name & System ID number of Producer placing business with the new Insurer		
<input type="checkbox"/> Delete Producer, Business Entity Producer, or Risk Retention Group <input type="checkbox"/> Change Producer, Business Entity Producer, or Risk Retention Group		
<input type="checkbox"/> Add state <input type="checkbox"/> Delete state		
<input type="checkbox"/> Change Officer or Director of the Purchasing Group		
<input type="checkbox"/> Change Contact Person of Purchasing Group (include email address for new contact person)		
<input type="checkbox"/> Other changes (describe)		

<b>Officer Certification:</b> 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 <i>(please type or print)</i>	Name, email address, and telephone number of person to contact regarding this

To add a new Insurer, submit completed & signed form with \$25 fee per Insurer to:  <p style="text-align: center;"><b>Department of Insurance and Financial Services</b>  <b>PO Box 30165</b>  <b>Lansing, MI 48909-7665</b></p>	To report all other changes, submit completed & signed form to:  <p style="text-align: center;"><b>Department of Insurance and Financial Services</b>  <b>PO Box 30220</b>  <b>Lansing, MI 48909-7720</b></p>
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Authority: 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 Insurance and Financial Services**

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