

**For the year ending  
December 31**

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(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)				
Street 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 and NAIC number of Insurance Company that issued insurance policy or contract:	Net premiums for report year:	Name and license number of each Surplus Lines Producer, Surplus Lines Business Entity Producer or Risk Retention Group involved in this transaction:	Tax is paid by:	
			<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
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			<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

Identify all Surplus Lines Producers not named above, who are associated with the Purchasing Group as employees, advisors, officers or other business relationship. Attach additional pages if necessary:	If the Purchasing Group pays the Surplus Lines taxes, what is the total amount of tax paid to the Department of Insurance and Financial Services for the report year?  \$ _____												
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name</th> <th style="width: 25%;">License Number</th> <th style="width: 50%;">Relationship with Purchasing Group</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>	Name	License Number	Relationship with Purchasing Group										
Name	License Number	Relationship with Purchasing Group											

Select the correct statement: (choose only one)

- This Purchasing Group intends to continue operating in Michigan
  This Purchasing Group has ceased or intends to cease operations in Michigan on this date: \_\_\_\_\_

<b>Officer Certification:</b> 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	Date signed
Officer Name and Title (please type or print)	

Submit completed and signed form to: **Department of Insurance and Financial Services  
PO Box 30220  
Lansing, MI 48909-7720**

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.