

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 (if name is changing, enter previous name here and new name in box for name change below.)		Tax ID Number (FEIN)																									
<p>Check the box / boxes to indicate which registration information has changed:</p> <table border="1"> <tr> <td><input type="checkbox"/> Add new insurer(s) - \$25 fee per insurer required. *You must provide name and NPN of individual or business entity producer for new insurer. *If adding P&C insurer, submit request after individual or business entity is appointed.</td> <td>New Information</td> <td colspan="2">Effective Date of Change</td> </tr> <tr> <td><input type="checkbox"/> Name change (provide amended organizational documents)</td> <td>Insurer name(s)</td> <td>NAIC Number</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Add individual or business entity producer <input type="checkbox"/> Remove individual or business entity producer</td> <td>Individual or business entity producer offering insurance to Purchasing Group's members for new insurer.</td> <td>NPN</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Add officer(s) or director(s) <input type="checkbox"/> Remove officer(s) or director(s) (include officer and director list)</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Remove insurer</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other Changes: <input type="checkbox"/> Business address <input type="checkbox"/> Mailing address <input type="checkbox"/> Contact person (provide title, email, direct phone) <input type="checkbox"/> Telephone number (provide main number) <input type="checkbox"/> Add or remove states (complete FIS 0364) <input type="checkbox"/> Other:</td> <td></td> <td></td> <td></td> </tr> </table>				<input type="checkbox"/> Add new insurer(s) - \$25 fee per insurer required. *You must provide name and NPN of individual or business entity producer for new insurer. *If adding P&C insurer, submit request after individual or business entity is appointed.	New Information	Effective Date of Change		<input type="checkbox"/> Name change (provide amended organizational documents)	Insurer name(s)	NAIC Number		<input type="checkbox"/> Add individual or business entity producer <input type="checkbox"/> Remove individual or business entity producer	Individual or business entity producer offering insurance to Purchasing Group's members for new insurer.	NPN		<input type="checkbox"/> Add officer(s) or director(s) <input type="checkbox"/> Remove officer(s) or director(s) (include officer and director list)				<input type="checkbox"/> Remove insurer				Other Changes: <input type="checkbox"/> Business address <input type="checkbox"/> Mailing address <input type="checkbox"/> Contact person (provide title, email, direct phone) <input type="checkbox"/> Telephone number (provide main number) <input type="checkbox"/> Add or remove states (complete FIS 0364) <input type="checkbox"/> Other:			
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<p>Representative Certification: I certify that the information in this report, and any attachments included with it, is complete and correct.</p>																											
Signature of Representative of Purchasing Group (digital/original signature only)		Date Signed																									
Representative Name and Title (type or print)	Name, Email, and Phone Number of Person to Contact Regarding Changes																										

To add new insurer(s), submit form with \$25 fee per insurer to address below.

Department of Insurance and Financial Services
PO Box 30165
Lansing, MI 48909-7665

For all other changes, submit form to: DIFS-LicensingORE@michigan.gov or address below.

Department of Insurance and Financial Services
PO Box 30220
Lansing, MI 48909-7720

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

DIFS is an equal opportunity employer/program.

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Visit DIFS online at: www.michigan.gov/difs Phone DIFS toll-free at: 877-999-6442