

**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)	
<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"/> Add new insurer(s) - <b>\$25 fee per insurer required.</b>  *You <b>must</b> 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.	Insurer name(s)	NAIC Number	
	Individual or business entity producer offering insurance to Purchasing Group's members for new insurer.	NPN	
<input type="checkbox"/> Name change (provide amended organizational documents)			
<input type="checkbox"/> Add individual or business entity producer <input type="checkbox"/> Remove individual or business entity producer			
<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 <a href="#">FIS 0364</a> ) <input type="checkbox"/> Other:			
<b>Representative Certification:</b> I certify that the information in this report, and any attachments included with it, is complete and correct.			
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](mailto: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](http://www.michigan.gov/difs) Phone DIFS toll-free at: 877-999-6442