

Change in Registration for Purchasing Groups

Kansas Insurance Department
420 SW 9th St
Topeka KS 66612

Due within 10 days of effective date of change.

Name of Purchasing Group, Group contact name and email address:	Group's Federal Employer I.D. Number

Check box(es) to show which Purchasing Group registration information changed:	New information	Effective date of change
<input type="checkbox"/> Purchasing Group Name <input type="checkbox"/> Address <input type="checkbox"/> Phone Number <input type="checkbox"/> Email Address		
<input type="checkbox"/> Delete Current Insurer <input type="checkbox"/> List company name & NAIC number		
<input type="checkbox"/> Add New Company <input type="checkbox"/> List company name & NAIC number		
<input type="checkbox"/> Delete Agent <input type="checkbox"/> List Agent's name, address, phone number & email address		
<input type="checkbox"/> Change Agent <input type="checkbox"/> List Agent's name, address, phone number & email address		
<input type="checkbox"/> Delete state		
<input type="checkbox"/> Change Purchasing Group Officer		
<input type="checkbox"/> Change Purchasing Group Contact <input type="checkbox"/> List name, address, phone number & email address		
<input type="checkbox"/> Other (describe)		

Attach additional sheets if needed.

Officer Certification:

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 (please type or print)	Name, email & phone number of person to contact regarding this report

INSTRUCTIONS FOR COMPLETING FORM:

Name of the Purchasing Group, Group contact name and email address

The name of the purchasing group should be shown exactly as it was on the original registration form, DO NOT USE ABBREVIATIONS. **ALL SUBMISSIONS MUST COMPLETE THIS SECTION.**

Purchasing Group Name, Address, Phone Number & Email Address

Click appropriate box of item that is changing. In the New Information section, please include email address, as all correspondence will now be done electronically.

Delete Current Insurer

If deleting existing company, click box. In the New Information section, please include the company's name and NAIC number.

Add New Company

If adding a new insurance company, click box. In the New Information section, please include the company's name and NAIC number.

Delete Agent

If deleting an agent. click this box. In the New Information section, please provide name, address, phone number and license number.

Change Agent

If adding a new agent, click this box. In the New Information section, please provide name, address, phone number, email address and license number.

Delete State

If withdrawing from a state that group is presently registered in, click this box.

Change Purchasing Group Officer

If the group is changing an officer, click this box. In the New Information section, provide new officers name, address and new position.

Change Purchasing Group Contact

If group's contact is to be changed, click this box. In the New Information section, provide new contact's name, address, phone number and email address.

Other (Describe)

For all other changes, click this box. In the New Information section, provide necessary information including name, address, phone number and email address.