



**STATE OF WEST VIRGINIA
Offices of the Insurance Commissioner
Company Analysis and Examinations Division**

PURCHASING GROUP MODIFICATION FORM
(\$50.00 Filing Fee)

- MAILING ADDRESS HOME ADDRESS OFFICER/DIRECTOR INSURER
 LINE OF BUSINESS NAME CHANGE OTHER WITHDRAWAL (no fee required)
 ATTORNEY-IN-FACT SERVICE OF PROCESS APPOINTMENT OF ATTORNEY
 INSURANCE AGENT/BROKER/EXCESS (SURPLUS) LINES BROKERS(S)

Please provide the following information to expedite your modification:

PURCHASING GROUP NAME: _____

WV FILE # _____ **FEIN #** _____

MAILING ADDRESS: _____

CONTACT PERSON: _____ **TELEPHONE #** _____

HOME ADDRESS: _____

CONTACT PERSON: _____ **TELEPHONE #** _____

ADDING OR DELETING (Please check appropriate box)

OFFICER/DIRECTOR NAME: _____ **TITLE:** _____

TELEPHONE #: _____

OFFICER/DIRECTOR NAME: _____ **TITLE:** _____

TELEPHONE #: _____

ADDING OR DELETING (Please check appropriate box)

INSURER: _____ **NAIC #:** _____

INSURER: _____ **NAIC #:** _____

INSURER: _____ **NAIC #:** _____

ADDING OR DELETING (Please check appropriate box)

LINES OF BUSINESS: _____

OTHER (as indicated above or please be specific)

****Please note pursuant to W.Va. Code §33-32-17(b), “a purchasing group shall, within ten days, notify the commissioner of any changes...” and, pursuant to Legislative Rule §114-34-2.2, “remit a fifty dollar (\$50) processing fee upon the filing of any registration materials...”****

Accredited by the National Association of Insurance Commissioners