

OFFICE OF SUPERINTENDENT OF INSURANCE
P.O. BOX 1689
SANTA FE, NEW MEXICO 87504-1689
(505) 827-4362

PURCHASING GROUP CERTIFICATE OF REGISTRATION REQUIREMENTS

NAME OF PURCHASING GROUP

In support of the application, please furnish the OSI with the items listed below:

- _____ 1. A non-refundable application fee in the sum of \$500.00 must be accompany this application before it can be reviewed in accordance with NMSA §59A-6-1 X (1). Make check payable to the ***Office of Superintendent of Insurance or OSI.***
- _____ 2. Provide us with the National Association of Insurance Commissioners (NAIC) Application for Registration as a Risk Purchasing Group. The application can be found at https://www.naic.org/documents/library_MDL-705_Forms.pdf.
- _____ 3. A properly executed document authorizing the Superintendent of Insurance to accept Service of Process on behalf of the PG, per NMSA §59A-55-19 (B). (NAIC UCAA Form 12 is available on the NAIC website https://www.naic.org/documents/industry_ucaa_form12.pdf).
- _____ 4. Provide us with a Certificate of Good Standing from the State of Domicile.
- _____ 5. Provide us with a list of officers and directors together with biographical affidavits. Please complete the most current form and the affidavit must be originally signed and notarized within six months of the application date or they will not be valid. The most current form can be found at https://www.naic.org/documents/industry_ucaa_form11.pdf?39
- _____ 6. Provide us with the Contact Processing Form. Please make certain you complete the form in its entirety.

Please mail the application fee along with items 1 through 6 in paper form to:

**Office of Superintendent of Insurance (OSI)
Attn: Company Licensing Bureau
1120 Paseo De Peralta, Room 439
Santa Fe, New Mexico 87501**

If you have any questions regarding the requested documents above, please contact the Company Licensing Bureau at 505-827-4362.

OFFICE OF SUPERINTENDENT OF INSURANCE
COMPANY LICENSING BUREAU
P. O. BOX 1689
SANTA FE, NEW MEXICO 87504-1689
(505) 827-4362

PLEASE READ BEFORE COMPLETING:

- PLEASE TYPE OR PRINT NEATLY
- COMPLETE ENTIRE FORM--DO NOT LEAVE ANY BLANKS
- CONTACT PERSON & PHONE NUMBER--MUST BE LOCATED AT ADDRESS INDICATED

CONTACT PROCESSING FORM

COMPANY COMPLETE NAME – Do not abbreviate name.

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COMPANY HOME ADDRESS – **MUST BE LOCATED IN STATE OF DOMICILE (PER NMSA §59A-5-22 (B))**

<u>Physical location only:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Person:</u>	<u>Email Address:</u>	<u>Phone Number:</u>

COMPANY MAILING ADDRESS

<u>Street, P O Box, etc.:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Person:</u>	<u>Email Address:</u>	<u>Phone Number:</u>

COMPANY CONTACT FOR GENERAL & SPECIAL DEPOSITS/SURETY BONDS

<u>Street, PO Box, etc.:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Person:</u>	<u>Email Address:</u>	<u>Phone Number:</u>