

**OFFICE OF SUPERINTENDENT OF INSURANCE  
COMPANY LICENSING BUREAU  
PHYSICAL ADDRESS: 1120 PASEO DE PERALTA, ROOM 439, SANTA FE, NM 87501  
MAILING ADDRESS: P.O. BOX 1689, SANTA FE, NM 87504-1689  
(505) 827-4362**

**PURCHASING GROUP CERTIFICATE OF REGISTRATION REQUIRMENTS**

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**NAME OF PURCHASING GROUP**

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

1.     **APPLICATION FEE 59A-6-1(X)(1)** A non-refundable application fee in the sum of \$500.00 must be accompany this application before it can be reviewed. Make check payable to the ***Office of Superintendent of Insurance or OSI.***
  
2.     **APPLICATION** Please provide us with the original National Association of Insurance Commissioners (NAIC) Application for Registration as a Risk Purchasing Group. Per the Federal Liability Risk Retention, Act of 1986 Section 3903 (d).
  
3.     **CERTIFICATE OF COMPLIANCE/GOOD STANDING 59A-55-19(A)** Provide us with a Certificate of Compliance *or* Certificate of Good Standing from the State of Domicile.
  
4.     **MANAGEMENT 59A-55-19(A)** 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 [www.naic.org](http://www.naic.org)
  
5.     **CONTACT PROCESSING FORM 59A-55-19(A)** Provide us with the attached Contact Processing Form. Please make certain you complete the form in its entirety.
  
6.     **RENEWAL NOTICE 59A-6-1 (X)(2)** Please provide us with a written statement acknowledging that the Purchasing Group must renew its registration on or before March 1 every year and that the OSI will not issue a new Certificate of Registration upon renewal since they are perpetual.

**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.**

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PURCHASING GROUP CONTACT PROCESSING FORM

**COMPANY COMPLETE NAME – Do not abbreviate name.**

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**STATUTORY HOME OFFICE ADDRESS - MUST BE LOCATED IN STATE OF DOMICILE**

<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>