PURCHASING GROUP - ANNUAL RE-REGISTRATION STATEMENT

CDI-051 (Rev. 11/2019)

FILING FEE: $200.00

Submit via OASIS or mail the original to the Corporate Affairs Bureau at 45 Fremont Street, 24th Floor, San Francisco, CA 94105.

1. Filing Year: _____

2. Exact name of the Purchasing Group, including DBA, if used in California:
_____

3. a) The Purchasing Group is domiciled in the state of: _____

   b) Complete physical street address:
   _____

   c) Mailing address: _____

   d) Telephone number: _____

   e) Facsimile number: _____

   f) Contact Name/E-mail address: _____

   g) FEIN: _____

4. Company name, physical address, mailing address, telephone number, facsimile number, and e-mail contact address of the administrative office of the Purchasing Group, if different from responses to Items 3(b)-(f) above.

   a) Name of Company: _____

   b) Complete physical street address:
   _____

   c) Mailing address: _____

   d) Telephone number: _____

   e) Facsimile number: _____

   f) Contact Name/E-mail address: _____

5. The Purchasing Group purchases the following classifications or sub-classifications of liability insurance (Please include a brief description of the members' common business or activities.):

6. The Purchasing Group purchases the liability insurance described in Item #4 above from the following insurance company or companies: (Give full name of company, NAIC#, state of domicile, and approximate number of California policyholders on whose behalf the Purchasing Group purchases liability insurance. Attach additional pages, if necessary.)

Name of Insurer	NAIC #	State of Domicile	Number of CA Policyholders

7. The name, address, telephone number, and e-mail address of the person within the Purchasing Group who is most knowledgeable about the Purchasing Group's insurance program, including membership criteria, coverage, and who is considered to be the contact person for the Purchasing Group:

Name	Address	Telephone #	E-mail Address

8. The name, address, telephone number, and e-mail address for the person responsible for managing or administering the insurance program for the Purchasing Group:

Name	Address	Telephone #	E-mail Address

9. List the name(s), address(es), telephone number, and California license number(s) of the licensed insurance agent(s), broker(s), or excess (surplus) line broker(s) responsible for the purchase of liability insurance for the Purchasing Group and its members in California: (Attach additional pages, if necessary.)

Name	Address	Telephone#	California License#

10. During the previous filing year, has any officer of or person transacting business on behalf of this Purchasing Group:

a) Been arrested, indicted and convicted of a felony or is a felony charge currently pending against any such person? _____

b) Had denied any application for a professional, vocational or business license? ___

c) Had suspended or revoked any such license? _____

d) Had withdrawn or surrendered any such application or license to avoid potential disciplinary action against licensee? _____

e) Been the subject of regulatory proceedings conducted by any state or federal regulatory agency? _____

f) Within the past 10 years, has any organization of which any officer or director of the Purchasing Group was an officer, director, trustee, managing general agent, or controlling stockholder ever become insolvent, been placed in conservatorship, receivership or liquidation, or ordered to cease and desist doing business in whole or in part, or had its License or Registration suspended, revoked or denied, or voluntarily withdrawn its application? _____

If the answer to any part of Question 9 is yes, attach a supplementary statement explaining in full each such occurrence.

If the Purchasing Group has previously filed such a statement, it will not be necessary to do so again. Please refer to the earlier filing and incorporate it by reference.

11. The Purchasing Group is submitting its annual registration renewal fee of $200.00 payable to the Insurance Commissioner, California Department of Insurance.

12. The Purchasing Group will notify the Insurance Commissioner of material changes in any of the items reported in this form or in its initial registration statement within 30 days of such change.

13. Give the number of California policyholders for each of the two previous filing years.
Year: _____ Number of policyholders: _____
Year: _____ Number of policyholders: _____

The undersigned hereby swears and affirms under penalty of perjury under the laws of the State of California that the foregoing statements and information are true and correct.

_____
Signature

_____
(Print or type full name and title)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____)
County of _____)

On _____ before me, _____
(Notary Public)
personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)