

Annual Filing due July 1

Year:

Purchasing Group Annual Filing or Amendment (PG1R)

Annual Amendment

Section I: Purchasing Group Information

1. Name of Purchasing Group in Full

2. Contact Information

A. Principal Place of Business - Physical Address

Physical Address _____

City _____ State _____ Zip _____

B. Principal Place of Business - Mailing Address

Mailing Address _____

City _____ State _____ Zip _____

C. Purchasing Group Contact Person _____

Phone _____ Email Address _____

(Name and Title)

D. Regulatory Liaison Contact Person _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

3. A. Domiciliary State _____ B. State of highest aggregate premiums _____

Section II: Insurer Information (must provide full and complete name of the insurer)

1. Insurer's Name

_____	NAIC ID #	_____
_____	NAIC ID #	_____
_____	NAIC ID #	_____
_____	NAIC ID #	_____
_____	NAIC ID #	_____
_____	NAIC ID #	_____
_____	NAIC ID #	_____
_____	NAIC ID #	_____
_____	NAIC ID #	_____

2. Add Insurer(s)

_____	NAIC ID #	_____
_____	NAIC ID #	_____

3. Delete Insurer(s)

_____	NAIC ID #	_____
_____	NAIC ID #	_____

Section III: Agent Information - (If adding an agency, the name and email address of the contact person who will be responsible for signing the PG3 Form must be included.)

1. Agent/Agency Name _____ License No. _____

Contact Person's Name _____ Phone No (____) _____

Email Address of Contact Person _____

Agent Responsible for Signing PG3 Form _____

Email Address of Agent Signing PG3 Form _____

2. Add Agent/Agency _____ License No. _____
 Contact Person's Name _____ Phone No (____) _____
 Email Address of Contact Person _____
 Agent Responsible for signing PG3 Form _____
 Email Address of Agent signing PG3 Form _____
3. Delete Agent/Agency _____ License No. _____

Agents/agencies to be deleted must file a PG3 Form at the time the agent/agency is deleted.

Section IV: Affirmation and Execution

I certify that all statements and information in this document are true and correct and that I have the authority to execute and file this document for the purchasing group.

 Signature

 Typed or printed name and title

The State of _____

County of _____

Before me, _____ notary
(insert name of notary)

public in and for the State of _____, on this day personally appeared
 _____ known to me (or proved to me)
(insert the name and position of the officer)

on the oath of _____, or

through _____ to be the person
(description of identity card or other document)

whose name is subscribed to the foregoing instrument, and acknowledged to me that (s)he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20____.

(NOTARY SEAL)

 Notary Signature

Instructions for Annual Filing or Amendment

The Form PG1R was adopted to meet the requirements of Texas Administrative Code, Chapter 13, Section §13.312(c). **This form must be completed in full. All annual filings are due July 1 each year. Purchasing Group may be withdrawn if the filing is not received or postmarked by July 1.** The following are areas that require special attention or explanation.

Section I Purchasing Group Information

Item 1 – The full name of the purchasing group must be shown, **do not use abbreviations.**

Item 5 – If the domiciliary state or state of highest aggregate premiums changes, the group must provide a current verification letter from the new state insurance department.

Section II Insurer Information

The full and complete name of each insurer must be listed. Include the NAIC Company ID No.

Item 1 - list all active insurers as shown on the most current registration form on file with TDI.

If reporting more than one insurer, utilize the spaces provided, up to 9 insurers. Attach a separate sheet, if needed, for additional insurers (exceeding 9). Use the same format.

Item 2 - list any new insurer added that was not previously reported.

Item 3 - list any insurers that are no longer writing the purchasing group coverage.

Section III Agent Information

The full and complete name of each agent/agency as shown on the Texas agent license must be listed along with the Texas license number.

Item 1 - list all active agents/agencies as shown on the most current registration form on file with TDI.

Item 2 - list new agent/agency added that was not previously reported. If adding an agency, you must include the name of the officer and/or director of the agency who will be signing the PG3 Form. If more than one agent/agency is added, use a separate sheet of paper using the exact same format as the PG1R Form.

Item 3 - list any agent/agency that is no longer writing the purchasing group coverage.

Agents/agencies deleted must file a PG3 form at the time the agent/agency is deleted.

Each agent must be properly licensed in Texas. Each agent/agency must hold a current General Lines Property and Casualty agent's license. If the group is insured by a surplus lines insurer, the agent must also hold a surplus lines license. Under Texas agent's laws, Managing General Agents are not authorized to represent the policyholder and therefore, are not acceptable for purchasing groups.

Each agent/agency must have a current appointment to represent each licensed insurer listed on the registration.

NOTE: PG1R forms must be properly signed and notarized. On the subject line of email, type "PG1R form for (insert name of purchasing group)" to properly identify your submission.

 Email filing to CLRFilings@tdi.texas.gov

► Questions?

Email us at CompanyLicense@tdi.texas.gov or call 512-676-6365.