



Hugh McDonald  
SECRETARY OF COMMERCE

Alan McClain  
COMMISSIONER,  
ARKANSAS INSURANCE  
DEPARTMENT

### Arkansas Purchasing Group Renewal Registration

Year: \_\_\_\_\_

Purchasing Group Name: \_\_\_\_\_

(exact name, no abbreviations)

**License Number:** \_\_\_\_\_

Renewal Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**\*Purchasing Group License will be returned to this address**

\*Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business/Main Office/Physical Address Contact Name:

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Renewal Fee: \$100.00 due March 1<sup>st</sup> annually. Check must be payable to Insurance Department Trust Fund  
It is the purchasing group's responsibility to renew their license by March 1<sup>st</sup> annually. Reminders are not provided.  
Please provide a self-addressed 8 1/2 by 11 inch manila envelope for license return.

Please return form ATTENTION: Compliance Division at address below:

Insurance Department  
1 Commerce Way, Suite 102  
Little Rock AR 72202

For questions, email [aid.purchasing.groups@Arkansas.gov](mailto:aid.purchasing.groups@Arkansas.gov) or call (501) 371-2800

Thank you for renewing your license promptly.

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