



Michael Preston
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 1st annually. **Check must be payable to Insurance Department Trust Fund**

It is the purchasing group's responsibility to renew their license by March 1st annually. Reminders are not provided. Please provide a self-addressed 8 ½ 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 or call (501) 371-2800

Thank you for renewing your license promptly.

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