



**MONTANA COMMISSIONER OF SECURITIES AND INSURANCE
ANNUAL REPORT (Due March 1)
PURCHASING GROUPS**

Purchasing Group Name			Montana ID #
Mailing Address	City	State	Zip Code
Purchasing Group Phone Number	Purchasing Group Fax Number	Purchasing Group E-Mail Address	
Purchasing Group Contact Name		<u>Purchasing Group FEIN Number</u>	
Contact Mailing Address	City	State	Zip Code
Contact Phone Number	Contact Fax Number	Contact E-Mail Address	

PREMIUM REPORT (Montana Code Annotated §33-11-110)

1. Name of Insurer(s) Providing Coverage to Purchasing Group	Licensed Montana Insurance Producers	Gross Direct Premiums Written in Montana
_____	_____	_____
_____	_____	_____

2. Total Number of Purchasing Group Members in Montana: _____

3. Is the Insurer identified above responsible for the premium tax that is to be paid to the State of Montana? Yes _____ No _____
If no, complete lines 4 and 5. If insurance has been placed with a surplus lines insurer, the surplus lines agent must report the surplus lines transactions and pay applicable fees, per the instructions at <http://csimt.gov/insurance/surplus-lines/>.

4. If any premium tax has not been remitted by the Insurer, who is the responsible party for the premium tax? (Either the Purchasing Group or the Individual Members)
Purchasing Group _____ Individual Members _____

5. On the lines below, list the name and amount of premium tax owed to the State of Montana by the Purchasing Group or Member(s). (Attach additional pages if necessary.)

Name	Amount of Premium	Tax Rate	Amount of Tax Owed
_____	_____	2.75%	_____
_____	_____	2.75%	_____

Do not remit payment with this form. Instead contact the Examinations Bureau at CSIExams@mt.gov or (406) 444-2040.

6. Describe any changes to the purchasing group's original application materials. (15 U.S.C. 3901, et seq.)

7. The information above is a true and correct report of premium written and premium taxes paid or owed pertaining to business transacted in Montana.

Name of Officer (Type or Print)

Title of Officer (Purchasing Group)

Signature of Officer

Date

Please file this form electronically by e-mailing it to CSIExams@mt.gov. In the subject line of your email, please indicate that it is a purchasing group annual report. If you have any questions, please contact the Examinations Bureau at CSIExams@mt.gov or (406) 444-2040.