



**North Carolina Department of Insurance**

Mike Causey, Commissioner

**Professional Employer Organization**

**Applicant/Licensee Obligations Attestation**

Financial Analysis &  
Receivership Division  
Special Entities Section  
1203 Mail Service Center  
Raleigh, NC 27699-1203  
(919) 807-6178  
[www.ncdoi.gov](http://www.ncdoi.gov)

- In accordance with N.C.G.S. § 58-89A-60(a)(5) execution of this form is required at the time of application.
- In accordance with N.C.G.S. § 58-89A-70(e)(2) the Commissioner may require the completion of this form in order for a licensee to maintain licensure. If required, this form must be filed with the North Carolina Department of Insurance no later than 45 days after the end of each quarter of the licensee's fiscal year.

Applicant or Licensee Name: \_\_\_\_\_

Date: \_\_\_\_\_

In accordance with N.C.G.S. § 58-89A-60(a)(5) or N.C.G.S. § 58-89A-70(e)(2), the undersigned hereby attest that the above identified applicant/licensee is current with respect to all of its obligations for payroll, payroll-related taxes, workers' compensation insurance and employee benefits.

*Note: If any disclosed obligations are in dispute with a client and the disputed amount is material when considered in the context of the licensee's most recent audited financial statement, then the licensee shall disclose the nature of the dispute causing the obligations to be unpaid and the amount of money in controversy. Any reported disclosure must be attached to this form.*

\_\_\_\_\_  
Signature of Chief Executive Officer

\_\_\_\_\_  
Signature of Chief Financial Officer

\_\_\_\_\_  
(Print Name)  
Chief Executive Officer

\_\_\_\_\_  
(Print Name)  
Chief Financial Officer