



North Carolina Department of Insurance

Mike Causey, Commissioner

Professional Employer Organization Notification of Change Report

Financial Analysis and Receivership
Division Special Entities Section-PEO Unit
1203 Mail Service Center
Raleigh, NC 27699-1203
(919) 807-6612
www.ncdoi.com

Licensee Name: _____

In accordance with N.C.G.S. § 58-89A-80(b) and (c) the above named licensee hereby notifies the North Carolina Department of Insurance of the following name and/or status change(s) regarding the above named licensee:

Type of Change (check all that apply):

Change in the name of the licensee conducting business in North Carolina.

- Effective Date:
- New Name:
- Attach legal filings or amendments supporting the name change
- Attach sample copies of the revised client proposal and client agreement
- Submit \$50.00 fee

Note: If a licensee has changed its name once during a calendar year, the licensee shall not change its name again unless the name change is approved by the Commissioner.

Change in the location of the licensee's primary business office.

- Effective Date:
- New Address:
- New Mailing Address:

Change in the location of the business records maintained by the Licensee.

- Effective Date:
- New Location Address:

Addition of a business office providing professional employer services in North Carolina.

- Effective Date:
- New Office Address:

Deletion of a business office providing professional employer services in North Carolina.

- Effective Date:
- Office Address to be Deleted:

Change in the location of a business office providing professional employer services in North Carolina.

- Effective Date:
- Old Address:
- New Address:

Addition of Controlling Person.

- Effective Date:
- Name of new Controlling Person:
- Attach a Biographical Affidavit
- Attach Fingerprint Card

Deletion of Controlling Person

- Effective Date:
- Name of Deleted Controlling Person:

Other (to include change in business structure, bankruptcy filing, any regulatory or judicial action taken against the Licensee, etc.)

- Effective Date:
- Description of change:

Prepared By: _____

Title: _____

Date: _____
