



## 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:

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**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:

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Prepared By: \_\_\_\_\_

Title: \_\_\_\_\_

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

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