



**North Carolina Department of Insurance**  
**Mike Causey, Commissioner**

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**Professional Employer Organization  
Initial De Minimis Registration  
Notification**

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**Submit to: [Christine.Williams@ncdoi.gov](mailto:Christine.Williams@ncdoi.gov)**

**North Carolina Department of Insurance  
Financial Analysis and Receivership Division  
Special Entities Section  
1203 Mail Service Center  
Raleigh, NC 27699-1203  
(919) 807-6612  
[www.ncdoi.com](http://www.ncdoi.com)**

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# Instructions

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1. The notification must be completed in its entirety. All questions must be answered and required items submitted. **IF AN ANSWER IS 'NO', 'NONE' or 'NOT APPLICABLE', SO STATE.** No notification will be considered complete until all requested information is received.
2. The notification must be either typed or written in ink.
3. If extra space is required to respond to any of the items in the notification, additional pages should be attached indicating the specific items for which the additional information is being provided.
4. The payment of the application fee required pursuant to N.C.G.S. § 58-89A-65(a) must be mailed at the time the notification submitted.
5. The completed notification should be submitted to:  
Christine.Williams@ncdoi.gov
6. Please contact the Special Entities Section, Financial Analysis & Receivership Division of the North Carolina Department of Insurance at (919) 807-6612 if you should have any questions.

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# Section 1. General Information

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## A. Registrant Data

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Date of Notification: \_\_\_\_\_

Legal Name of Registrant: \_\_\_\_\_

Other Names Under Which the Registrant Conducts Business (Assumed Names): \_\_\_\_\_  
\_\_\_\_\_

Principal Office Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_  
\_\_\_\_\_

Organizational Structure:     Corporation                                   Limited Liability Company  
                                  General Partnership                                   Limited Partnership  
                                  Sole Proprietorship                                   Other (describe)

Date of Organization: \_\_\_\_\_ State of Organization: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

Total Number of Assigned Employees in North Carolina: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Contact Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Contact Fax Number: \_\_\_\_\_

Contact E-Mail Address: \_\_\_\_\_

Location of Business Records: \_\_\_\_\_  
\_\_\_\_\_

**Registrant Data (continued)**

**B. Previous Names of Registrant**

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Provide a list by jurisdiction of each name under which the Registrant has operated in the preceding five (5) years, including any alternative names, names of predecessors and, if known, successor business entities:

Not Applicable

Name	Jurisdiction

**C. Registrant Business History**

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Please complete the questions below relating to the Registrant. If any question is answered "Yes," attach a separate addendum detailing the circumstances (including any applicable details such as state, license number, dates, etc.).

- 1. Has the Registrant ever been denied a license, registration or certification in any state?  Yes  No
- 2. Has the Registrant ever had a license, registration, or certification revoked, suspended, or otherwise acted against including probation, fine, or reprimand in a disciplinary proceeding in any state?  Yes  No
- 3. Has the Registrant ever filed for protection under the Bankruptcy Act?  Yes  No
- 4. Has the Registrant ever failed to satisfy any tax liabilities?  Yes  No
- 5. Has the Registrant ever had a lien or levy placed against it?  Yes  No
- 6. Is any license, registration or certification held by the Registrant under investigation or pending disciplinary action in any state?  Yes  No
- 7. Is the Registrant under indictment or under a "cease and desist" order from any jurisdiction or territory in the United States?  Yes  No
- 8. Is the Registrant currently, or has ever been, the subject of any state or federal government investigation or audit regarding the payment of wages or taxes; the funding or administration of any employee benefit plan or workers' compensation program; employment practices; licensing or registration; or any other matter arising out of a complaint filed by an employee, client, insurer, regulator or another PEO?  Yes  No
- 9. Has the Registrant ever been the subject of a governmental investigation?  Yes  No
- 10. Is the Registrant currently disputing any material obligations to an insurance carrier, benefit administrator or trust, or taxing authority?  Yes  No
- 11. Is there any litigation or legal proceeding currently pending or threatened against the Registrant other than in the normal course of business?  Yes  No
- 12. Is the Registrant delinquent, as of the date of notification, with respect to any of its obligations for payroll, payroll related taxes, workers' compensation insurance or employee benefits? If yes, provide a detailed explanation for each occurrence.  Yes  No

## Section 2. Controlling Persons, Officers, and Directors

**IMPORTANT:** Fill out each section completely, even if the same individual is listed in several sections of this form.

\*\*\* Please ensure a Biographical Affidavit (Form PEO-02) is submitted for each controlling person (not including entities that are controlling persons), officer, and director listed below.

***Controlling Persons based on ownership:***

Please list the names of all persons or entities who directly or indirectly own, control, hold with the power to vote, or hold proxies representing ten percent (10%) or more of the voting securities of the Registrant:

Name	Shares Owned	Ownership %	Social Security No./ FEIN

***Officers, Directors and Controlling Persons based on position:***

Please list the names and titles/positions of all officers, directors and any person who is a controlling person based on their position with the Registrant:

Name	Title/Position	Social Security No.

**Officers, Directors and Controlling Persons based on position (continued):**

Name	Title/Position	Social Security No.

**Other Controlling Persons:**

Please list any other person who has by contract, other than a commercial contract for goods or nonmanagement services, or otherwise, or in fact exercises the authority or power to control the management and policies of the Registrant or to obligate the Registrant with respect to a material contractual matter such as entering into a professional employer service contract with a client company. **IF NONE, SO STATE.**

Name	Relationship to Registrant	Social Security No.

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## Section 3. NC Client Companies

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Provide a list of all client companies in North Carolina. For client companies having multiple locations with the same FEIN, please list only the headquarters location. This information may be provided via a separate report provided, however, that all of the requested information is included in the separate report:

Client Company Name	Principal Office Address	FEIN	# of Assigned Employees in NC	Telephone Number	Workers' Compensation Code*	Date Relationship Initiated

\* Business Classification Code

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## Section 4. Other Information

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**Exhibits or attachments requested below are required and must be provided before the notification is considered complete. If a requested item is not applicable or available, attach an explanation in place of the requested exhibit or attachment stating the reason(s) why it is not applicable or available. Failure to comply may result in your notification being delayed or denied.**

1. Attach a Biographical Affidavit (Form PEO-02) for each controlling person (not including entities that are controlling persons), officer, and director listed in Section 2 of this notification.
2. If the Registrant is a nonresident attach an executed Form PEO-04.
3. For each client company listed in Section 3 attach evidence of workers' compensation coverage for all assigned employees in this State, including those leased from or co-employed with another person.
4. Complete and attach Form PEO-17 certifying to the Commissioner that the Registrant has provided its workers' compensation carrier with proper and necessary documentation to allow the carrier to determine and charge a premium that is commensurate with exposure and anticipated claim experience for all employees covered under policies issued by the carrier in the name of the Registrant.
5. With respect to any insurance or benefit plan provided by the Registrant for the benefit of its assigned employees, please provide benefit summaries from each carrier and disclose all of the following:
  - a. The type of coverage.
  - b. The identity of each insurer for each type of coverage.
  - c. The amount of benefits provided for each type of coverage and to whom or on whose behalf benefits are to be paid.
  - d. The policy limits on each insurance policy
  - e. Whether the coverage is fully insured, partially insured, or fully self-funded.

If the Registrant offers to its assigned employees any health benefit plan that is not fully insured by an authorized insurer, please provide evidence that the plan utilizes a licensed or registered third party administrator, that all plan assets, including participant contributions, are held in a trust account, and that the plan provides sound reserves as determined using generally accepted actuarial standards.

6. Attach a copy of a license or registration evidencing that the Registrant is either licensed or registered as a PEO in at least one other state of the United States.



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## **Section 5. Fees**

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The Registrant must submit a non-refundable \$1,000 application fee. All checks are to be made payable to the North Carolina Department of Insurance.

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## Section 6. Attestation of Registrant

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Under the penalties of perjury, I attest that I have reviewed this notification and accompanying information, and to the best of my knowledge and belief it is true, correct and complete; and that there have been no material omissions of fact which would have bearing upon the North Carolina Department of Insurance's decision to grant the Registrant de minimis registration status.

I understand that furnishing materially false or forged evidence, making an untrue material statement regarding the background or experience of any controlling person or failing to disclose material information regarding the Registrant is grounds for refusing to grant de minimis registration status to the Registrant or the revocation of a de minimis registration already issued. I also understand that making false statements under penalty of perjury may subject me to criminal liability.

I hereby accept in good faith the terms and obligations of N.C.G.S. § 58-89A, presently existing, or enacted in the future, as a part of the consideration of being granted de minimis registration status. It is understood that said de minimis registration may be revoked, suspended, or otherwise terminated as provided for in said laws.

I further attest to the fact that the Registrant:

- (1) Does not maintain a physical professional employer organization office in the state of North Carolina;
- (2) Does not employ salespersons who reside or direct their sales activities in the state of North Carolina;
- (3) Does not employ directly or in common control with another person, as defined in N.C.G.S. § 58-89A-5(12), more than 50 assigned employees in the state of North Carolina;
- (4) Does not advertise through any media outlet physically located in the state of North Carolina;
- (5) Is a licensed or registered professional employer organization in at least one other state of the United States; and
- (6) Is operated by and under the control of persons of good moral character.

I, as a duly authorized officer, principal, general partner, or trustee, am authorized to make and sign this statement on behalf of the Registrant.

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

Registrant Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Name (type or print): \_\_\_\_\_

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