

North Carolina Department of Insurance
Mike Causey, Commissioner

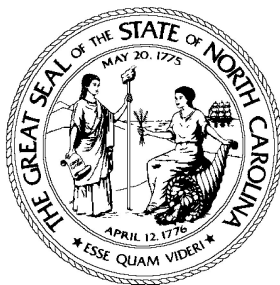
Professional Employer Organization
Annual De Minimis Registration
Notification

Submit to: Christine.Williams@ncdoi.gov

North Carolina Department of Insurance
Financial Analysis & Receivership Division
Special Entities Section
1203 Mail Service Center
Raleigh, NC 27699-1203
(919) 807-6612
www.ncdoi.gov

Instructions

1. On an annual basis, **no earlier than January 1 and no later than January 15**, each de minimis registrant is required to notify the Commissioner of its continuing eligibility for de minimis registration using this form. **Please complete all information.**
2. All changes to information previously provided to the Commissioner must be disclosed to the Commissioner and attached to this notification.
3. The notification must be either typed or written in ink.
4. The completed notification should be submitted to:
Christine.Williams@ncdoi.gov
5. Please contact the Special Entities Section, Financial Analysis and Receivership Division of the North Carolina Department of Insurance at (919) 807-6612 if you have any questions.



North Carolina Department of Insurance

Mike Causey, Commissioner

Professional Employer Organization De Minimis Registration Annual Notification

Date: _____

To the Commissioner of Insurance of the State of North Carolina:

In accordance with Chapter 58 Article 89A of the North Carolina General Statutes,

Name of Registrant

hereby notifies the Commissioner of Insurance of the State of North Carolina of its continuing eligibility for de minimis registration under N.C.G.S. § 58-89A-75 and that:

Number of NC employees for all client companies: _____

Controlling Person(s) for Registrant: _____

(Please check one)

There has been no change in the information previously provided to the Commissioner under N.C.G.S. § 58-89A-75.

There has been a change in the information previously provided to the Commissioner under N.C.G.S. § 58-89A-75 and the change or changes are disclosed in a letter to the Commissioner which has been attached to this notification and signed by an authorized person of the Registrant. It is understood that certain changes may require the submission of additional forms and such forms have been attached as necessary. Please attach PEO-10a.

Client Company Information

Client Company Name	Principal Office Address	# of Assigned Employees in NC	Telephone Number	Date Relationship Initiated

Contact Information

Contact Name: _____

Contact Title: _____

Contact Phone Number: _____

Contact Address: _____

Contact Email Address: _____

Attestation of Registrant

Under the penalties of perjury, I attest that I have reviewed this notification and accompanying information, if applicable, 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 continue the Registrant's 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 the revocation of the Registrant's de minimis registration status. 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 maintaining de minimis registration status in the state of North Carolina. 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 controlling person, am authorized to make and sign this statement on behalf of the Registrant.

Name of Registrant: _____

Date: _____ Signature: _____

Name (type or print): _____

Title: _____

Phone number: _____