



North Carolina Department of Insurance

Mike Causey, Commissioner

Professional Employer Organization Initial De Minimis Registration Notification

Submit to: 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**

Instructions

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 payment of the application fee required pursuant to N.C.G.S. § 58-89A-65(a) must be mailed at the time the notification is submitted.
3. The complete notification should be submitted to:

Christine.Williams@ncdoi.gov

4. 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.

Section 1. General Information

A. Registrant Data

Date of Notification:

Legal Name of Registrant:

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

.....

Principal Office Address:

.....

Phone 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 E-Mail Address:

Location of Business Records:

Registrant Data (continued)

B. Previous Names of Registrant

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

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), officers, 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. or 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 non- management services, or otherwise, has the authority or ability to control the management and policies of the Registrant or to bind the Registrant in 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.

Section 3. NC Client Companies

Provide a list of all client companies located in North Carolina. For client companies with multiple locations operating under the same FEIN, include only the headquarters location. This information may be submitted in a separate report, provided that all requested details are fully included.

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

Section 4. Other Information

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. Complete and attach PEO-04 Limited Power of Attorney
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. Is the Registrant licensed as a PEO in at least one other state of the United States?

☐ Yes ☐ No

If no, the Registrant cannot be registered in the state of North Carolina. If yes, attach a copy of a license evidencing the Registrant is licensed as a PEO in at least one other state of the United States.

Benefit Information

1. Does the Registrant provide any insurance or benefit plan for the benefit of its assigned employees?

☐ Yes ☐ No

If yes, please provide benefit summaries from each carrier that states the Registrant's name and disclose the following:

- a. The type of coverage. (e.g. health, dental)
- 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.

2. Does the Registrant offer its assigned employees any health benefit plan that is not fully insured by an authorized insurer?

☐ Yes ☐ No

If yes, 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.

Section 5. Fees

The Registrant is required to submit a non-refundable application fee in the amount of \$1,000. All checks should be made payable to the North Carolina Department of Insurance.

For submissions sent via the United States Postal Service, please use the following mailing address:

North Carolina Department of Insurance
1203 Mail Service Center
Raleigh, NC 27699-1203
Attn: Financial Analysis & Receivership Division

For deliveries sent via UPS or FedEx, please use the following physical address:

North Carolina Department of Insurance
3200 Beechleaf Court, 7th Floor
Raleigh, NC 27604
Attn: Financial Analysis & Receivership Division

Section 6. Attestation of Registrant

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) Is not domiciled in the state of North Carolina;
- (3) Does not employ salespersons who reside or direct their sales activities in the state of North Carolina;
- (4) 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;
- (5) Does not advertise through any media outlet physically located in the state of North Carolina;
- (6) Is a licensed professional employer organization in at least one other state of the United States; and
- (7) Is operated by and under the control of a person(s) 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.

Registrant Name: _____ Date: _____

Authorized Signature: _____

Name (type or print): _____

Title: _____