



Professional Employer Organization Annual De Minimis Registration Notification

Instructions

1. In accordance with N.C.Gen.Stat. § 58-89A-75(e) 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 required information. If additional space is needed, you may provide the additional information on a separate attachment.
2. Disclose all changes to information previously provided to the Commissioner and attach supporting documents.
3. Submit the completed application to: Christine.Williams@ncdoi.gov
4. Please contact the Financial Oversight & Special Entities Division of the North Carolina Department of Insurance at (919) 807-6612 with any questions.

Part 1: Registrant Information

Date: _____

Legal 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. Gen. Stat. § 58-89A-75.

Number of NC employees for all client companies: _____

Controlling Person(s) for Registrant: _____

Has there has been any change in the information previously provided to the Commissioner under N.C. Gen. Stat. § 58-89A-75? _____

If there has been a change in the information previously provided to the Commission under N.C. Gen. Stat. § 58-89A-75 the change(s) must be disclosed in a letter to the Commissioner and 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.

Part 2: Contact Information

Contact Name

Contact Title

Contact **Direct** Phone Number

Contact Address

Contact Email Address

Part 3: Client Company Information

Client Company Name	Principal Office Address	# of Assigned Employees in NC	Telephone Number	First Date Employees Started in North Carolina

Part 4: 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 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. Gen. Stat. § 58-89A, presently existing, or enacted in the future as 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. Gen. Stat. § 58-89A-5(12), more than 50 assigned employees in the state of North Carolina;
4. Is a licensed professional employer organization in at least one other state of the United States: and
5. Is operated by and under the control of person 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: _____

Signature of Controlling Person: _____

Print Name of Controlling Person: _____

Title: _____

Date: _____