NC DEPARTMENT of INSURANCE

Special Entities Division

Professional Employer Organization Notification of Change

Licensee Name:_____

In accordance with N.C. Gen. Stat. § 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 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: _____

☐ 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:

_____

Prepared By: _____ Date: _____

Title: _____