

State of Illinois Springfield, IL Employee Leasing Company (Lessor) Renewal Application

Instructions: Print or type all information except that which requires a signature. The RENEWAL FEE is \$1,000.00. Make checks payable to the <u>Director of Insurance</u> . If a corporation, application must be signed by the chief executive officer.				
Name of ELC			Tax, Social Securi	ty # or License #
Address (number, street) of Principal Administrative Office			Telephone #	
City		State	Zip Code	
Type of Business Organization: (check one) Corporati			Sole Proprietorship	
Partners			Limited Liability Compan	у
Business E-mail Address				
THE FOLLOWING QUESTIONS MUST BE ANSWERED:				
1.	Have there been any changes regarding the official title of the officers and directors of the lessor Yes No and its predecessors, successors or alter egos since the last application?			
	If "yes" please list below. If more space is needed attach a separate sheet listing additional persons.			
	Name:	Title:		
	Name:	Title:		
2.	Have there been any changes regarding the name the employee leasing company has operated Yes No U under since the last application?			
	If "yes" please list below. If more space is needed attach a separate sheet listing additional persons.			
	Jurisdiction:	Name:		_
	Jurisdiction:	Name:		_
*** Declaration ***				
I, the undersigned, swear that I am the chief executive officer of the above ELC, and that I am authorized to file this application to operate as an employee leasing company in the State of Illinois. I further swear that the ELC will comply with all valid and legal requirements of statutes and regulations of the Director of Insurance. I swear the information in this application is complete and accurate to the best of my knowledge.				
Signature of Chief Executive Officer/Partner/Sole Proprietor Date				

ILLINOIS DEPARTMENT OF INSURANCE 320 W. WASHINGTON STREET SPRINGFIELD, IL 62767-0001