



**JAMES J. DONELON
COMMISSIONER OF INSURANCE
STATE OF LOUISIANA**

P.O. Box 94214
Baton Rouge, Louisiana 70804-9214
Phone (225) 342-5900
Fax (225) 342-3078
<http://wwwldi.lidi.state.la.us>

**INSTRUCTIONS FOR REGISTRATION
AS A PROFESSIONAL EMPLOYER ORGANIZATION
(as defined in Act 1150 of the 2001 Legislative Session)
IN THE STATE OF LOUISIANA**

GENERAL INSTRUCTIONS

This packet is designed to assist the individual preparing the registration in complying with our requirements and procedures. The forms and procedures of the registration process are designed to facilitate our review. Therefore, it is extremely important that all registrants comply fully with the instructions and requirements set forth in this packet.

All communication should be directed to:

Agent Licensing Division
Louisiana Department of Insurance
P.O. Box 94214
Baton Rouge, LA 70804-9214

While our Department will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us.

- 1) All submittals in association with this registration must reach us via the United States Postal Service or by express mail. In addition, all correspondence must be sent to the attention of the Agent Licensing Division to assure prompt receipt and handling.
- 2) Submit only a fully completed registration packet. Submittal of a partially completed registration will cause processing delays and may result in rejection.
- 3) Do not alter the forms contained in this packet. If you feel the requirements do not apply to your organization, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.
- 4) All original items submitted become the property of the Louisiana Department of Insurance and will not be returned.
- 5) All entries in the forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the rejection of the registration.
- 6) When designating a contact person, please remember that our staff will communicate only with that individual. We must be notified in writing of any change in the contact person.

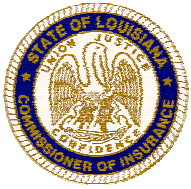
REGISTRATION TO ACT AS A PROFESSIONAL EMPLOYER ORGANIZATION IN LOUISIANA

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- 7) We must be notified of any changes in the organization or the information submitted in association with this registration, which occur while under review. This includes changes in controlling persons and changes in address or domicile. Failure to notify us of such changes may result in rejection of the registration.
- 8) Unless otherwise indicated in the forms, all registrants must supply all items requested in this packet. If, for some reason, an item which would otherwise be required is not available, a written explanation must be supplied upon submission.
- 9) All of the pages from the enclosed registration must be returned with the submittal. The forms may be reproduced as needed.
- 10) It is the responsibility of the registrant to ensure that none of the responses and submittals in association with this registration conflict with the information filed with the domiciliary state, if applicable. Conflicting information will result in the rejection of the registration.

NOTIFICATION OF REGISTRATION

This Department will notify the registrant when the registration process is complete. Until the organization receives this notification, it is not registered in this state with the Department of Insurance.
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General Information (Type or Print)

ORGANIZATION NAME: _____

FEIN NO: _____ STATE OF DOMICILE: _____

MAILING ADDRESS: _____

CONTACT NAME*: _____ CONTACT TITLE: _____

PHONE: _____ FACSIMILE: _____

CONTACT ADDRESS: _____

E-MAIL: _____

* This Office will only communicate with the named contact person.

FEES

Initial Registration

\$500.00

Annual Renewal (Due annually upon approval of registration)

\$300.00

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FORM # PEO1

8/15/01

FEES	
Total Amount This Check	

SECTION 1 –GENERAL INFORMATION

1) Provide physical addresses of all principal business establishments of the PEO inside and outside of Louisiana.

[illegible]

2) Provide the form of business entity assumed AND state of incorporation or other organization.

1) CORPORATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	State of incorporation _____
2) PARTNERSHIP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	State of organization or registration _____
3) LIMITED LIABILITY PARTNERSHIP OR LIMITED LIABILITY COMPANY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	State of organization _____
4) OTHER** _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	State of organization _____
**Describe _____			

3) If the PEO or any person acting on its behalf is engaged in the business of soliciting, selling, or negotiating policies of insurance or providing insurance products as part of your PEO services, provide the name, address and Louisiana License number of the licensed agent(s) through which insurance business will be conducted.

License #

SECTION 2 - OFFICIAL LIST OF CONTROLLING PERSONS

Below give the name, social security number, resident address, position and percent of ownership of all persons responsible for the conduct of affairs of the registrant. This list should include all officers, all directors, all partners (in the case of a partnership), all trustees, all executive committee members and all person(s) owning, directly or indirectly, ten (10) percent or more of the registrant and any other person who exercises control or influence over the affairs of the registrant.

Controlling Person is defined as:

- (a) An officer or director of a corporation, a shareholder holding ten percent or more of the voting stock of a corporation, a general partner of a partnership, or a manager of a limited liability company.
- (b) An individual who possesses, directly or indirectly, the power to direct or cause the direction of the management or policies of a person or entity through the ownership of voting stock by written contract.

NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	

Declaration

I, the undersigned, declare that I am authorized to file this registration to operate as a professional employer organization (PEO) in the state of Louisiana. I further declare that the PEO or any other person acting on its behalf will comply with all requirements of statutes and regulations of the Department of Insurance. I declare that the information in this registration is complete and accurate to the best of my knowledge.

Date of Signing

Signature

Printed Name of Person Signing

**ANY FALSE OR MATERIAL MISSTATEMENT MADE IN
ASSOCIATION WITH THIS REGISTRATION IS A
VIOLATION OF LRS 22:1462.1**