



John D. Doak
Oklahoma Insurance Department
Financial Division
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Oklahoma City, OK 73112

EXEMPT PROFESSIONAL EMPLOYER ORGANIZATION

Initial _____ Renewal _____

If you have completed your Application/Renewal with ESAC please fill out the Declaration statement form below as part of the *Oklahoma Professional Employer Recognition & Registration Act* to be licensed as an Exempt Professional Employer Organization in the state of Oklahoma. Please sign the declaration below and have this statement notarized. This original document will be required to meet the requirements of this statute.

Name of Professional Employer Organization: _____

FEIN#: _____

Declaration

I, the undersigned, swear that I am an officer of the above applicant PEO and that I am authorized to file this application for exemption. I swear to the best of my knowledge and belief that above information is complete and accurate and that the PEO named above:

- 1) Does not maintain an office in the State of Oklahoma or solicit in any manner clients located or domiciled with the State of Oklahoma; and
- 2) Does not have more than twenty-five (25) employees employed or domiciled in the State of Oklahoma.

Date: _____

Signature of Chief Executive Officer,
Partner, Owner or Manager

Printed Name of above signatory

Subscribed and sworn to before me this ____ day of _____, 201__

NOTARY PUBLIC

(Seal)

My Commission Expires: