John D. Doak
Oklahoma Insurance Department
Financial Division
Five Corporate Plaza Ste. 100
3625 N. W. 56th Street
Oklahoma City, OK 73112

PROFESSIONAL EMPLOYER ORGANIZATION - Group

Application Type: Initial ☐ Renewal ☐

Title 40 O.S. § 600.4

This application is for a PEO Group (two or more PEOs held under common control pursuant to 40 O.S. § 600.4(E)) If a corporation, the application must be signed by the chief executive officer of the corporation. If a partnership, proprietorship or limited liability company, the application must be signed by a partner, owner or manager authorized to bind the entity. Initial registration fee of $500 and annual renewal fee of $250 is due upon filing of initial application or renewal application for each PEO member in the PEO Group. 40 O.S. § 600.5(B). *Make check payable to the Oklahoma Insurance Department.* A registration shall be considered late thirty (30) days after the renewal date. Any registration received more than thirty (30) days after the renewal date shall be accompanied by a late registration fee of five hundred ($500) dollars.

1. **Name of parent organization (Applicant) that has majority ownership of all members of the Group:**

   _____

2. **Taxpayer or Employer Identification Numbers: Federal** _____

   Oklahoma _____

3. **Type of Business Organization (Check One):** ☐ **Individual** ☐ **Corporation**

   ☐ **Sole Proprietorship** ☐ **Limited Liability Co.** ☐ **Other**

4. **Address of Principal Place of Business: Telephone:** _____

   Street: _____ **Fax:** _____

   Suite or room: _____ **E-mail:** _____

   City: _____ **State of Domicile:** _____

   State: _____ **ZIP:** _____

If the Principal Place of Business is not in the State of Oklahoma, indicate the designated principal office or contact in the State of Oklahoma:

Name (if individual): _____ **Telephone:** _____

Street: _____ **Room:** _____ **Fax:** _____

City: _____ **State:** _____ **ZIP:** _____

All records shall be kept confidential

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5. Professional Employer Organizations in Group (use additional paper if necessary):

1. _____

2. _____

3. _____

4. _____

5. _____

Additional names (if any) under which the Applicant or PEOs conduct business:

_____

6. Provide the following information:
Please list all persons or entities that, individually or acting in concert with one or more other persons or entities, owns or controls, directly or indirectly, twenty-five percent (25%) or more of the equity interests of the PEO at the time of this application (use additional paper if necessary) (Attach a biographical affidavit for each person unless already on file with the Oklahoma Insurance Department. Please indicate if it is already on file).

	Person or entity	% ownership	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

List all persons (not listed above) that have owned a twenty-five percent (25%) or greater interest in the PEO or its predecessors in the five (5) years preceding the date of this application:

	Person or entity	% ownership	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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7 . The applicant PEO shall notify the Department as to any material change in any information provided on this application within thirty days of awareness of such change by the applicant.

Declaration

I, the undersigned, swear that I am an authorized officer, partner or proprietor of the above Applicant PEO Group and am authorized to file this registration statement to operate as a PEO Group in the State of Oklahoma on its behalf. I further swear that the Applicant has reviewed and will comply with all valid and legal requirements of the Oklahoma Professional Employer Organization Recognition and Registration Act and regulations of the Department of Insurance. I further swear that the information in this application (consisting of Parts One, Two and Three) is complete and accurate to the best of my knowledge and belief.

Date:_____

_____
Original Signature of Chief Executive Officer, Partner, or Proprietor

_____
Printed Name of above signatory

Subscribed and sworn to before me this _____ day of _____, 20 _____

(Seal)

_____
ORIGINAL NOTARY PUBLIC

My Commission Expires: _____

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For each PEO that is a member of the Group and listed on page one of Part One, provide the following information (attach one Part Two form for each such PEO):

1. Name of Applicant parent company: _____

2. Name of PEO member of group: _____

3. Taxpayer or Employer Identification Number of the PEO: _____

4. List the address of each office or place of business that the PEO maintains in the State of Oklahoma (use additional paper if necessary):

a. _____

b. _____

c. _____

d. _____

5. A. List by jurisdiction (City, State, Street Address) each name under which the PEO has operated in the preceding five years, including any alternative names, names of predecessors and, if known, successor business entities (use additional paper if necessary):

a. _____

b. _____

c. _____

d. _____

B. List all officers and directors of the PEO member of the group (Attach a biographical affidavit for each officer and director unless already on file with the Oklahoma Insurance Department.)

	Person	% ownership	Title
1.			
2.			
3.			
4.			

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For each PEO that is a member of the Group and listed on page one of Part One, provide the following information (attach one Part Two form for each such PEO):

1. Name of Applicant parent company: _____

2. Name of PEO member of group: _____

3. Taxpayer or Employer Identification Number of the PEO: _____

4. List the address of each office or place of business that the PEO maintains in the State of Oklahoma (use additional paper if necessary):

a. _____

b. _____

c. _____

d. _____

5. A. List by jurisdiction (City, State, Street Address) each name under which the PEO has operated in the preceding five years, including any alternative names, names of predecessors and, if known, successor business entities (use additional paper if necessary):

a. _____

b. _____

c. _____

d. _____

B. List all officers and directors of the PEO member of the group (Attach a biographical affidavit for each officer and director unless already on file with the Oklahoma Insurance Department.)

	Person	% ownership	Title
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

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Title 40 O.S. § 600.6

1. Name of Applicant: _____

2. Attach to this Part either (check applicable submission)

A. _____A financial statement of the applicant PEO Group:

- **Setting forth the financial condition of the applicant PEO Group, as of a date not earlier than one hundred eighty (180) days prior to the date the initial or annual renewal application is submitted to the Commissioner;**
- **Prepared in accordance with generally accepted accounting principles, and audited or reviewed by an independent certified public accountant licensed to practice in the jurisdiction in which such accountant is located;**
- **Showing a minimum net worth of the applicant PEO Group of $50,000; and**
- **Accompanied by a letter from the independent certified public accountant that the applicant PEO Group has satisfied the requirements of the Oklahoma Professional Employer Organization Recognition and Registration Act, 40 O.S. § 600.1, et seq.**

Indicate: Name of CPA: _____

Date of attached statement: _____

OR

B. _____A financial statement of the applicant PEO Group:

- **Setting forth the financial condition of the applicant PEO Group, as of a date not earlier than one hundred eighty (180) days prior to the date the initial or annual renewal application is submitted to the Commissioner;**
- **Prepared in accordance with generally accepted accounting principles, and audited or reviewed by an independent certified public accountant licensed to practice in the jurisdiction in which such accountant is located;**
- **Accompanied by documentary proof acceptable to the Insurance Commissioner that**
  - **a bond with a minimum market value of $50,000.00 names the Oklahoma Insurance Commissioner as beneficiary, or**
  - **a security deposit of $50,000 in the name of the Insurance Commissioner and the applicant PEO Group is being held by the Oklahoma Insurance Department; and**
- **Accompanied by a letter from an independent certified public accountant that the applicant PEO Group has satisfied the requirements of the Oklahoma Professional Employer Organization Recognition and Registration Act, 40 O.S. § 600.1, et seq.**

Indicate: Name of CPA: _____

Date of attached statement: _____

3. Attach to this application or renewal, the most recent CPA quarterly statement of timely payment of applicable federal and state payroll taxes by the PEOs of the applicant group. 40 O.S. § 600.6(B).

Indicate: Name of CPA: _____ Date of Attached Statement: _____

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Title 40 O.S. § 600.4(E)

Each PEO that is a member of the PEO Group and listed on page one of Part One must provide the following guaranty per member:

Guaranty

I, the undersigned, swear that I am authorized to file this guaranty with the Department of Insurance of the State of Oklahoma on behalf of _____[insert PEO name] (hereinafter Member Company). Member Company is a PEO member of the _____ _____[insert name of applicant] PEO Group and joins in the application for registration as a PEO group. As a part of this application, Member Company guarantees payment of all legal financial obligations of all other PEOs listed as members of the PEO Group in the application so long as they continue as members of the group and under the common ownership and control of the applicant.

_____ _____

Date signed **Original Signature of Chief Executive Officer, Partner, Sole Proprietor or Owner**

_____

Printed name of signatory

Subscribed and sworn to before me this ____ day of _____, 20 _____

_____

(Seal) **Original Notary Public**

My Commission Expires: _____

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Title 40 O.S. § 600.4(E)

Each PEO that is a member of the PEO Group and listed on page one of Part One must provide the following guaranty per member:

Guaranty

I, the undersigned, swear that I am authorized to file this guaranty with the Department of Insurance of the State of Oklahoma on behalf of _____[insert PEO name] (hereinafter Member Company). Member Company is a PEO member of the _____ _____[insert name of applicant] PEO Group and joins in the application for registration as a PEO group. As a part of this application, Member Company guarantees payment of all legal financial obligations of all other PEOs listed as members of the PEO Group in the application so long as they continue as members of the group and under the common ownership and control of the applicant.

_____ _____

Date signed **Original Signature of Chief Executive Officer, Partner, Sole Proprietor or Owner**

_____

Printed name of signatory

Subscribed and sworn to before me this ____ day of _____, 20 _____

_____

(Seal) **Original Notary Public**

My Commission Expires: _____