

All PEO Initial & Renewal Applications on our website are for **review** only. All PEO's have been mandated to submit all documentation and/or payments electronically through OPTins. Please view these instructions on our website at:

https://www.ok.gov/oid/Regulated_Entities/Regulated_Industry_Services/index.html , select **Professional Employer Organizations**, select **Electronic Filings Mandate-PEO's**

Effective on or before June 1, 2017, and all filings thereafter, the Oklahoma Insurance Department (OID) will require all Professional Employer Organizations to file all new and renewal registrations, accompanying fees and any other required filings electronically pursuant to OID Order No. 16-0609-PRJ.

OKLAHOMA INSURANCE DEPARTMENT

FIVE CORPORATE PLAZA
3625 NW 56TH, SUITE 100
OKLAHOMA CITY, OK 73112



REGULATED INDUSTRY SERVICES
PHONE: 405.521.2828 | OPT.7
WWW.OID.OK.GOV

GLEN MULREADY
INSURANCE COMMISSIONER

EXEMPT PROFESSIONAL EMPLOYER ORGANIZATION

Title 40 O.S. § 600.4(F)

Initial _____ Renewal _____
2720701-410 2420701-420

Print or type all information except that which requires a signature. 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 application exemption fee or annual renewal of exemption fee of \$250 is due upon filing of exemption application. 40 O.S. § 600.5(C). *Make check payable to the Oklahoma Insurance Department.* Exemption is valid for one year. 40 O.S. § 600.4(F)(2). **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 Professional Employer Organization _____

Additional Names (if any) under which the PEO conducts business:

2. Type of Business Organization (Check One): _____ Individual _____ Corporation
_____ Sole Proprietorship _____ Partnership _____ Limited Liability Co. _____ Other

3. PEO's Taxpayer or Employer Identification Number: Federal _____
Oklahoma 6-digit license # _____

4. Address of Principal Place of Business: Telephone: _____
Street: _____ Fax: _____
Suite or room: _____ E-mail: _____
City: _____ State of Domicile _____
State: _____ ZIP: _____ - _____

5. All States in which the PEO is licensed or registered as a PEO:

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____
7. _____ 8. _____ 9. _____

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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) *Is domiciled outside this state and is licensed or registered as a professional employer organization in another state that has the same or greater requirements as the Oklahoma Employer Organization Recognition and Registration Act, as set out in the copy of that state's laws and/or regulations attached hereto;*

2) 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

3) 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:

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

Indicate: Name of CPA: _____

Date of Attached Statement: _____