



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

**INSTRUCTIONS FOR REGISTRATION TO ACT AS A
PROFESSIONAL EMPLOYER ORGANIZATION
IN THE STATE OF LOUISIANA**

GENERAL INSTRUCTIONS

This packet is designed to assist the individual preparing this application in complying with the statutory and administrative requirements and to facilitate review of the application by the Louisiana Department of Insurance (LDI). Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet.

All communications should be directed to:

Louisiana Department of Insurance
Producer Licensing Division
P.O. Box 94214
Baton Rouge, LA 70804-9214
Or
1702 3rd St. Baton Rouge, LA 70802
Phone: (225) 342-0860
Fax: (225) 342-3754
Email :producerlicensing@ldi.la.gov

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) Please note that this application is to be used for initial registrations only. PEO registrations renew annually on date of issuance and renewals are filed electronically using Industry Access on the LDI website. Do not use this form to renew your registration as it will be returned unprocessed.
- 2) All submittals in association with this application must reach the LDI via the United States Postal Service or a carrier with interstate business. Hand delivery is not acceptable and any information arriving in this manner will be returned without review. In addition, all correspondence must be sent to the attention of Producer Licensing to assure prompt receipt and handling.
- 3) Submit only a fully completed application. Submittal of a partially completed application will cause processing delays and may result in disapproval.
- 4) **Do not alter** the forms contained in this packet. If you feel the requirements do not apply to your company, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.
- 5) All original items submitted become the property of the LDI and **will not be returned**.
- 6) All entries in the application forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the disapproval of the application.

- 7) When designating a contact person for the application process, please remember that our staff will communicate only with this individual. The application process is considered confidential and will not be discussed with any person other than the named contact person. The applicant must notify the LDI in writing of any change in contact person.
- 8) The applicant must notify the LDI of any changes in the company or the information submitted in association with this application which occur while the application is under review. This includes changes in officers and directors; changes in address or domicile.; Failure to notify the LDI of such changes may result in disapproval of the application.

NOTIFICATION OF REGISTRATION

This Department will notify the applicant when the registration process is complete. Until the company receives this notification, it is not registered in this state and may not transact business in this state.



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**APPLICATION FOR REGISTRATION TO ACT AS A
PROFESSIONAL EMPLOYER ORGANIZATION
IN THE STATE OF LOUISIANA**

General Information (Type or Print)	
APPLICANT NAME: _____	
FEIN: _____	STATE OF DOMICILE: _____
CONTACT NAME: _____	CONTACT TITLE: _____
CONTACT ADDRESS: _____	

PHONE: _____	FACSIMILE: _____
E-MAIL: _____	

FEES	
Initial Application	\$ 500.00
	Total Amount This Check
All checks should be made payable to the Louisiana Department of Insurance.	

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SECTION 1 – GENERAL INFORMATION

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

PHYSICAL ADDRESS	CITY	STATE/ZIP

2) Identify the form of business entity and state of incorporation or other organization

Corporation
 Partnership
 Limited Liability Company
 Other: Describe: _____

State of Incorporation/Organization _____

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 license producer(s) through which insurance business will be conducted.

NAME	ADDRESS	LICENSE NUMBER

SECTION 2 - LIST OF MANAGEMENT AND OWNERS

Below give the full legal name (no initials), social security number, date of birth, state of residence, position with the applicant and the percentage of ownership (if applicable) of the applicant of all natural persons responsible for the conduct of affairs of the applicant. This list should include all officers, all directors, all partners (in the case of a partnership), all trustees, all executive committee members and every natural person owning, directly or indirectly, 10 percent or more of the applicant and any other natural person who exercises control or influence over the affairs of the applicant.

FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		STATE OF RESIDENCE:
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		STATE OF RESIDENCE:
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		STATE OF RESIDENCE:
FIRST NAME:	MIDDLE NAME:	LAST NAME:
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FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		STATE OF RESIDENCE:
FIRST NAME:	MIDDLE NAME:	LAST NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	OWNERSHIP %:
POSITION:		STATE OF RESIDENCE:

SECTION 3 – DECLARATION

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 active 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**