



**ARKANSAS DEPARTMENT OF COMMERCE
ARKANSAS INSURANCE DEPARTMENT
COMPLIANCE DIVISION**

1 Commerce Way, Suite 102
Little Rock, AR 72202
501-371-2800
FAX 501-371-2748

**Form PEO-C
APPLICATION RELATING TO A CHANGE IN CONTROL OF AN ARKANSAS
PROFESSIONAL EMPLOYER ORGANIZATION, PROFESSIONAL
EMPLOYER ORGANIZATION GROUP OR EMPLOYER SERVICE
ASSURANCE ORGANIZATION**

This form must be completed for every applicant seeking a change in control pursuant to Ark. Code Ann. 23-92-406. Responses and any additional explanatory information may be attached as exhibits to the form. Please indicate in your response to a question that, if any, exhibits should be referred to for additional information pertinent to the question. Please refer to Ark. Code Ann. §23-92-405 and 406 of Act 1750 of 2003 for additional information and instruction of completing this application. A copy of this law and other resources for a PEO doing business in Arkansas may be obtained at this location: <https://insurance.arkansas.gov/pages/industry-regulation/compliance/>

This application and all related PEO forms, exhibits and attachments may be computer-generated. You may download copies of this application and other related forms provided by the Department at the web address listed above.

The filing fee to file this application is \$500.00. made payable to: Arkansas Insurance Department Trust Fund.

Direct any questions to Becky Harrington at Becky.Harrington@arkansas.gov or 501.371.2810.

1. For each licensee under Ark. Code Ann.23-92-401 et. seq. that will be subject to the change in control:
 - (a) furnish its legal name of the PEO and all other names under which the PEO conducts business:
 - (b) provide the current license number:
 - (c) The address of the principal place of business and the address of each office it maintains in Arkansas:
 - (d) The mailing address, if different:

(e) The telephone number:

(f) The email address if email notices and communications are desired:

(g) Name and contract information for the person who can answer questions regarding this application:

Name:

Address:

City:

State:

Zip code:

Telephone Number:

Fax Number:

E-Mail:

(h) The taxpayer or employer identification number:

2. The name and address of the proposed new owner or controlling person:
3. The name and address of any stockholder or partner who owns ten percent (10%) or more of the entity and who seeks to acquire control, and any other information required by the commissioner:
4. Has this applicant ever been refused any license, had any license revoked, or had an administrative action taken against it by any regulatory or state, federal, or local taxing agency? If so, attach copies of all notices, pleadings, answers, complaints, orders that set out the allegations, the applicant's defenses, the basis upon which the action was concluded (if this information is printed on a separate page, please attach it to the application as an exhibit):
5. Attach a list of litigation pending against the applicant. Include a short synopsis of each item:
6. Ark. Code Ann. 23-92-406(e) requires the commissioner to waive the requirements of subsection (d) of that section and automatically approve the proposed change in ownership if:
 - (1) The application meets the requirements of subsection (b) or (c) of that section;
 - (2) The proposed new owner and the current owner are part of the same controlled entity; and
 - (3) No member or controlling person of the controlled entity is under investigation or has been previously denied a license by the commissioner.

