



**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-E

(For new and renewal applications for exemption)

**APPLICATION TO BE EXEMPT FROM LICENSING AS AN ARKANSAS
PROFESSIONAL EMPLOYER ORGANIZATION**

This form must be completed for every PEO applicant which claims to be exempt under Ark. Code Ann. 23-92-404(f) (hereinafter "PEO"). 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. §23-92-404(B) 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/industry-regulation/product-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.

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

The filing fee to file this application is \$100.00. Make **payment** to: AR Insurance Department Trust Fund. THE APPLICATION FEE IS NON-REFUNDABLE. Submit Payment and Upload Application at: [https://ar.accessgov.com/professional-employer-organization/peo-licensure/](https://ar.accessgov.com/professional-employer-organization/Forms/Page/professional-employer-organization/peo-licensure/)

NOTICE

(1) A professional employer organization is exempt from the licensing requirements contained in §§ 23-92-404(a) through (e), 23-92-405, 23-92-406, and 23-92-408, if the professional employer organization:

- (A) Submits a properly executed request for exemption on a form provided by the State Insurance Department;**
- (B) Is domiciled outside of Arkansas and is licensed or registered as a professional employer organization in another state that has the same or greater**

requirements than this subchapter;

(C) Does not maintain an office in this state or solicit in any manner clients located or domiciled within this state; and

(D) Has one hundred (100) or fewer covered employees employed or domiciled in Arkansas.

(2) A professional employer organization's exemption from the licensing requirements under this subchapter shall be valid for two (2) years, subject to renewal, for as long as the professional employer organization continues to qualify for the exemption and, on or before the biennial anniversary date of the original grant of exemption, requests the exemption to continue.

1. (a) The legal name of the PEO and all other names under which the PEO conducts business:

(b) If renewing, please provide your current license number:

2. (a) The address of the principal place of business of the PEO:

(b) The mailing address, if different:

(c) The applicant's telephone number:

(d) The applicant's email address:

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

Name:

Address:

City:

State:

Zip code:

Telephone Number:

Fax Number:

E-Mail:

3. The PEO's taxpayer or employer identification number:

4. A list by jurisdiction of each name under which the PEO(s) has operated in the preceding five (5) years, including any fictitious names, alternative names, names of predecessors and, if known, successor business entities (if this information is printed on a separate page, please attach it to the application as an exhibit):

5. The state of domicile of the PEO:

6. States in which applicant is licensed or registered as a PEO. Also include the legal citation to the legislation or agency rule under which you are licensed or registered.

7. Do you maintain an office in the State of Arkansas (YES or NO):

8. The states in which the applicant is currently doing business as a PEO (if this information is printed on a separate page, please attach it to the application as an exhibit):

9. The principle business type of the applicant. Indicate all that apply:
 - Corporation
 - General Partnership
 - Limited Partnership
 - Limited Liability Company
 - Sole Proprietorship
 - Other, please explain:

The undersigned hereby swear and affirm that the foregoing statements and information regarding their principal, the _____ are true and correct.
(Name of Professional Employer Organization)

(Name of Professional Employer Organization)

President (printed name)

Secretary (printed name)

President (signature)
Authorized Member or Manager if a LLC
Partner if a partnership

Secretary (signature)

President E-Mail Address

Date

Date

ACKNOWLEDGMENT

State of _____)
County of _____)ss:

Sworn before me this _____ day of _____, 20 ____.

_____,
Notary Public.

My Commission Expires: _____

ADDITIONAL INFORMATION

The **Arkansas Secretary of State – Corporations** can be reached at:

501 Woodlane, Suite 310

Little Rock, AR 72201

501-682-3409

<http://www.sos.arkansas.gov/>

Email: corporations@sos.arkansas.gov

Arkansas Department of Workforce Services can be reached at:

P. O. Box 8007

Little Rock, AR 72203

501-682-3099

<http://www.accessarkansas.org/esd/>