

STATE OF MAINE

EMPLOYEE LEASING COMPANY REGISTRATION FORM

January 31, 2010 – January 30, 2011

Please return this form with the required fee (**New \$500. - Renewal \$100**) to the:
Bureau of Insurance, 34 State House Station, Augusta, Me 04333-0034.

Type of registration: (check one) New Renewal

If already registered, please include any changes in original authorization on this form. Thank you.

1. Name of Registrant	2. Taxpayer or Employer Identification Number (FEIN)	
3. Name or Names under which Registrant Conducts Business (if different from above)		
4. Other Names under which Registrant has operated within Maine in the past 5 years		
5. Mailing address		
6. Physical Address (if different from mailing)		
7. Street addresses of other offices maintained by registrant within this State		
8. Contact Person (Please print):	Telephone #	Email address

9. List all other states in which applicant has operated in the past 5 years. Please identify any alternative names, predecessors, and, if known, successor firms to or of registrant in each state. *Please attach a separate sheet as necessary.*

10. (a) List all natural/legal persons, or entities who possess 5% or greater ownership interest in the registrant at the time of filing this registration form. *Please attach a separate sheet as necessary.*

(b) List all natural/legal persons or entities and dates, other than those listed in 10a, who have possessed 5% or greater ownership interest in the preceding 5 years. *Please attach a separate sheet as necessary.*

(c) At any time in the past 5 years, have any of the ownership interests listed in your answer to questions 10 (a) (b) at any relevant time, been pledged as collateral, subject to an option to purchase or repurchase, or otherwise encumbered? If so, please provide details. *Please attach a separate sheet as necessary.*

(d) Please provide copies of all ERM-14 (change of ownership) forms filed with workers' compensation insurance carriers, producers, or advisory organizations within the past five years (for renewal applications, information provided in earlier applications may be listed by reference to the prior application) *Please attach a separate sheet as necessary*

11. (a) * List all workers compensation insurance policies issued to the registrant or its predecessors in the previous 5 years. *Please attach a separate sheet as necessary. (Insurer, policy number & policy period).*

(b) **(Execute only if 11(a) is not applicable)**

I hereby swear and attest that, to the best of my knowledge and belief, no workers compensation insurance policy issued to or with respect to registrant or a predecessor of registrant has been canceled or non-renewed within five years prior to this date.

Date

Chief Executive Officer

Print Name

(c) * **Name** and **address** of current Maine licensed workers' compensation **insurer** (Insurance Company): *

Please provide a copy of your current workers compensation certificate of liability

(d) * **Name** and **address** of Maine licensed **producer** (agent) AND Maine licensed **agency** handling the sale of workers' compensation coverage for the client companies: *Please attach a separate sheet as necessary*

12. Are you currently operating a self-funded plan for health benefits for client companies? Yes____ No____
If yes, please submit the information identified in the attached instructions.

13. (a) Are you currently providing health benefits to employees?

Yes___ No___

If yes, **name** and **address** of Maine authorized **insurer** (Insurance Company): *Please attach a separate sheet as necessary.*

(b) **Name** and **address** of Maine licensed **producer** (agent) handling the sale(s):
Please attach a separate sheet as necessary.

I hereby swear that the information provided on or as an attachment to this registration form is true and complete to the best of my knowledge and belief.

Date

Signature of Corporate Officer

Print Name

Title

*** Required information. Applications can be denied for missing information.**