

**ARKANSAS
PROFESSIONAL EMPLOYER ORGANIZATION QUARTERLY REPORT**

For quarter ending: () March 31 () June 30 () September 30 () December 31 _____ Year.

Company Name _____

CEO Statement: I hereby certify that all health insurance, life insurance, workers' compensation insurance and any other employee benefits accruing either to our employees or their dependents have been and are being paid to the proper payees as required by contract, law or other obligatory documents, and these requirements are on a current and timely basis. I certify further that I understand that our company must be in compliance with Arkansas state law in regard to state unemployment taxes, workers' compensation, payroll taxes, franchise taxes, etc., in order to maintain our license in good standing.

Signature of CEO _____ Date _____

Printed name _____ Title _____

CFO Statement: I certify that federal, state and local payroll taxes have been paid as required by regulations of each applicable taxing authority. I further certify that all workers' compensation premiums and employee benefit payments for the quarter have been paid as due.

Signature of CFO _____ Date _____

Printed Name _____ Title _____

Controlling Person Statement: I have reviewed the information above and I certify that it is true and correct to the best of my knowledge and belief.

Signature of Controlling Person: _____ Date _____

Printed Name _____ Title _____

WORKERS' COMPENSATION INSURANCE: Indicate which of the following form of workers' compensation verification is attached:

() Written confirmation from the insurance carrier that the Board will receive at least 30 days notification of cancellation, including the name and address of the agent affording coverage, policy number, effective date and expiration date.

() A copy of a workers' compensation certificate clearly indicating coverage was in effect for the current quarter. The certificate must show that the Arkansas Insurance Commissioner is listed as a certificate holder, providing for a minimum of 30 days' notification of cancellation. You must attach a new copy of your certificate each quarter that a report is filed.

MAILING INSTRUCTIONS: When complete, please return this form and its required attachments to:

ARKANSAS INSURANCE DEPARTMENT
Becky Harrington
Becky.Harrington@arkansas.gov
Compliance Division
1 Commerce Way, Suite 102
Little Rock, AR 72202