STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS

PROFESSIONAL EMPLOYER ORGANIZATIONS

S.C. Code Ann. § 40-68-10 et seq.

www.consumer.sc.gov

(803) 734-4200

Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

Street Address
2221 Devine St. Suite 200
Columbia, SC 29205

CLIENT COMPANY LIST

(Please type or print in black ink)

If filling in the form electronically, copy and paste the table as many times as needed onto subsequent pages. If filling in by hand, make as many copies of the second page as needed. This information may also be provided in a report that you generate, provided that all of the information requested in the table below is included.

Name of PEO or PEO Group		**Date**	

Client Company			**FEIN**		
Contact Person					
Mailing Address					
City		**State**		**Zip**	
Telephone Number		**Fax Number**			
Number of Assigned Employees		**Date Relationship Initiated**		**Workers' Compensation Business Classification Code**	
Workers' Compensation Carrier / Policy #		**Health Insurance Carrier / Policy #**			

Client Company			**FEIN**		
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