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
293 Greystone Blvd., Suite 400
Columbia, SC 29210

CLIENT COMPANY LIST

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.

PEO or PEO Group		Date	

If your organization is a group, attach a list of all companies in the group (up to 5 companies) and the information below for each

Client Company			
FEIN			
No. of Assigned Employees			
Date Relationship Initiated			
Mailing Address (Client)		Phone No.	
City	State	Zip	
Workers' Comp Carrier		Policy Number	
WC Classification Code			
Health Insurance Carrier		Policy Number	

Client Company			
FEIN			
No. of Assigned Employees			
Date Relationship Initiated			
Mailing Address (Client)		Phone No.	
City	State	Zip	
Workers' Comp Carrier		Policy Number	
WC Classification Code			
Health Insurance Carrier		Policy Number	

Client Company			
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No. of Assigned Employees			
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Mailing Address (Client)				Phone No.	
City		State		Zip	

Workers' Comp Carrier				Policy Number	
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Health Insurance Carrier				Policy Number	

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Mailing Address (Client)				Phone No.	
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