



OFFICE OF SUPERINTENDENT OF INSURANCE
COMPANY LICENSING BUREAU
PHYSICAL ADDRESS: 1120 PASEO DE PERALTA, ROOM N-421
SANTA FE, NM 87501
(505) 827-4362

**REQUIRED DOCUMENTS FOR REGISTRATION FOR A PROFESSIONAL EMPLOYER ORGANIZATION
(PEO) OR EMPLOYEE LEASING ORGANIZATION (ELC)
SEEKING ADMISSION TO TRANSACT BUSINESS OF INSURANCE IN NEW MEXICO**

Instructions: Pursuant to NMSA 1978, Subsection D of Section 59A-15-20, "any standards for determining or assuring solvency shall not be applicable to plans that are fully insured by carriers authorized to transact insurance in New Mexico." For additional information regarding this application, please refer to Office of Superintendent of Insurance Bulletin No. 2023-017.

Name of PEO or ELC:

What are you applying for: _____ PEO or _____ ELC

New Mexico Registration Number required by NMSA 1978, Section 60-13A-3 of the Employee Leasing Act:

Pursuant to NMSA 1978, Subsection A of Section 59A-23-20 an application for a PEO or ELC shall include:

1. **APPLICATION FEE:** A non-refundable application fee for \$1,000.00 shall accompany the application prior to review by the Office of Superintendent of Insurance pursuant to NMSA 1978, Section 59A-6-1. Make a check payable to the Office of Superintendent of Insurance or OSI.
2. **FORMATIVE DOCUMENTS:** A certified copy of the articles of incorporation, if applicable, or other formative documents that establish the PEO or ELC name and type under which the entity will operate, the entity's federal employer identification number (FEIN) and filings which demonstrate that the PEO or ELC is authorized to do business in New Mexico.
3. **OPERATION DOCUMENTS:** A certified copy of all by-laws, operating agreements or similar documents that govern the control of the PEO or ELC.
4. **FORM M-1:** A copy of the most current Form M-1 filed by the PEO or ELC with the United States Department of Labor, if applicable. If not applicable, indicate that the PEO or ELC does not file a Form M-1 with the United States Department of Labor.
5. **THIRD PARTY ADMINISTRATOR:** The names and license numbers of any third-party benefit administrators administering health benefits offered by the PEO or ELC.



6. **ELGIBILITY AFFIDAVIT:** An affidavit from an officer, director, or trustee of the PEO or ELC certifying that all association members and their employees shall be eligible for participation in the PEO or ELC plan for health insurance.
7. **CONTACT INFORMATION:** The name, address, and telephone number of each officer, director, partner, or trustee of the association group, and entity or member organization participating in the PEO or ELC.

MEMBERSHIP:

1. Copies of any document executed by an employer or trust to become a member of the PEO or ELC, including application for membership.
2. A description of all membership requirements.

ADDITIONAL INFORMATION FOR FULLY INSURED PEO OR ELC'S

1. The NAIC numbers of each insurer who will provide benefits on behalf of the PEO or ELC.
2. All contracts between the PEO or ELC and each insurer identified above.
3. The documents should also specify if the PEO or ELC is a small or large group employer as defined under NMSA 1978, Section 59A-23-20.

STATE SPECIFIC INFORMATION FOR ALL APPLICATIONS:

CONTACT PROCESSING FORM: Must be completed in its entirety (See Attached)

UNIFORM TO CONSENT TO SERVICE OF PROCESS An original executed Service of Process Form (NAIC Form 12), which can be found on the NAIC website at www.naic.org.

BIOGRAPHICAL AFFIDAVIT: Please provide us with a list of officers and directors along with Biographical Affidavit for each officer and director of the organization. Each affidavit shall have the individual's original signature, and an original notary affixed to the document. The NAIC Biographical Affidavit Form 11 can be found on the NAIC website at www.naic.org

Please mail the application fee along with all of the requested documentation above to:
Office of Superintendent of Insurance
Attn: Company Licensing Bureau
1120 Paseo De Peralta, Room N-421 Santa Fe, New Mexico 87501

If you have any questions regarding the requested documents above, please contact the Company Licensing Bureau at: 505-827-4362.



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READ BEFORE COMPLETING:

-PLEASE TYPE OR PRINT NEATLY
-COMPLETE ENTIRE FORM-DO NOT LEAVE ANY BLANKS
-CONTACT PERSON & PHONE NUMBER-MUST BE LOCATED AT ADDRESS INDICATED

CONTACT PROCESSING FORM

PEO or ELC Name (do not abbreviate): _____

STATUTORY HOME OFFICE ADDRESS - As identified with the incorporation or entity formation in domiciled state
(This definition is consistent with the Annual Statement)

MUST BE LOCATED IN STATE OF DOMICILE (PER NMSA 1978, Section 59A-5-22(B))

Physical location only:		
<u>City:</u>	<u>State:</u>	Zip Code:
Contact Person:	Email Address:	Phone Number:

COMPANY MAILING ADDRESS

Street, P. O. Box, etc.:		
<u>City:</u>	<u>State:</u>	Zip Code:
Contact Person:	Email Address:	Phone Number: