



# STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

## PROFESSIONAL EMPLOYER ORGANIZATIONS

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

S.C. Code Ann. § 40-68-10 et seq.  
[www.sccconsumer.gov](http://www.sccconsumer.gov)  
(803) 734-4200

**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.

<b>Name of PEO or PEO Group</b>		<b>Date</b>	
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<b>Client Company</b>		<b>FEIN</b>	
<b>Contact Person</b>			
<b>Mailing Address</b>			
<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Telephone Number</b>		<b>Fax Number</b>	
<b>Number of Assigned Employees</b>		<b>Date Relationship Initiated</b>	<b>Workers' Compensation Business Classification Code</b>
<b>Workers' Compensation Carrier/Policy #</b>		<b>Health Insurance Carrier/Policy #</b>	

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