

Verification of Data submitted to South Carolina Wind Pool Data Call Request
(required for all 4th quarter data submissions)

**South Carolina Department of Insurance Data Call for Policies Written With
and Without Wind in the Wind Pool Area**

| | | Personal Lines | | |
|------|----------|-------------------------|--------------|-------|
| | | TOTAL Policies in Force | | |
| | | With Wind | Without Wind | TOTAL |
| 2008 | October | | | |
| | November | | | |
| | December | | | |

| | | Commercial Lines | | |
|------|----------|-------------------------|--------------|-------|
| | | TOTAL Policies in Force | | |
| | | With Wind | Without Wind | TOTAL |
| 2008 | October | | | |
| | November | | | |
| | December | | | |

Certification

I, the undersigned officer of the insurer and person preparing this data call response for the above named company, being sworn for himself deposes and says that this response, including any accompanying schedules and statements has been examined by him, and is to the best of his knowledge, information and belief, a true and correct return, made in good faith and is true and complete in all applicable parts, for the period stated, pursuant to the laws of the State of South Carolina.

Sworn and subscribed before me this _____ day of _____, 20 _____.

Officer of the Insurer

Title

Notary Public: Affix Seal

Date Commission Expires