South Carolina Department of Insurance
1201 Main Street, Suite 1000
Columbia SC 29201
P. O. Box 100105
Columbia SC 29202-3105
Telephone: (803) 737-6223

Sponsor Name Change Request Form

- Please mail this form to the address listed above or attach it to an email to kwilson@doi.sc.gov.
- Digital signatures will not be accepted.
- Sponsors must provide a Certificate of Authority for verification of the name change **or** proof that the name has been changed in the resident state.

Sponsor Approval Number: _____

Previous Name: _____

New Name: _____

Signature: _____

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