



1201 Main Street, Suite 1000  
Columbia SC 29201  
P. O. Box 100105  
Columbia SC 29202-3105  
Telephone: (803) 737-6193

Business Entity License Cancellation Request Form

- This form may be mailed to either address listed above or attached to an email to be sent to [agntmail@doi.sc.gov](mailto:agntmail@doi.sc.gov).
- Digital signatures will not be accepted.

Agency Name \_\_\_\_\_

Agency Code \_\_\_\_\_ **OR** FEIN \_\_\_\_\_

I request that my business entity license be canceled. By my signature below, I acknowledge and understand that the cancellation request will be processed upon receipt of the completed form by the SC Department of Insurance.

Signature \_\_\_\_\_

- ❖ Please provide an alternate mailing address for our office to return a cancellation letter. If not provided, the letter will automatically be mailed to the office address on file with our office.

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