



South Carolina Department of Insurance

Requirements for Approval as a Foreign Surplus Lines Insurer in South Carolina

The Applicant must submit the following:

1. A properly executed annual statement as filed with the insurance department of the Applicant's home state and certified to that effect showing a minimum of \$15 million in capital and surplus. A quarterly statement should also be included in an application submitted more than one month and fifteen days after the end of the most recent quarter. If the most recent annual statement and the most recent quarterly statement are filed with the NAIC, then these items are not required to be submitted.
2. A current Certificate of Compliance/Authority from the insurance department of its home state which shows the lines of business that it is authorized to write in its home state.
3. A description of the business to be written in South Carolina and the names of the surplus lines brokers that it intends to have place the business.
4. Completed Form 1000 and Form 1027 SL.

Once the above information is received and deemed acceptable, the South Carolina Certificate of Approval will be mailed to the Applicant.

Michael Shull, Chief Financial Analyst
South Carolina Department of Insurance
Post Office Box 100105
Columbia, SC 29202-3105
Phone: (803) 737-6188
Email: mshull@doi.sc.gov



STATE OF SOUTH CAROLINA
DEPARTMENT OF INSURANCE
1201 Main Street, Suite 1000, Columbia, SC 29201

FORM NO. 1000

COMPANY INFORMATION – ELIGIBLE SURPLUS LINES

NAME OF COMPANY	COMPANY CONTACT
STATE OF DOMICILE	YEAR ORGANIZED OR INCORPORATED
MAILING ADDRESS	STATUTORY HOME OFFICE ADDRESS
PHONE NUMBER	NAIC CODE
FAX NUMBER	FEIN CODE

APPLIED FOR AUTHORITY TO TRANSACT THE FOLLOWING KINDS OF INSURANCE IN SOUTH CAROLINA

- PROPERTY SURETY EXCESS AND STOP-LOSS [See 38-1-20(37.5)]
 CASUALTY MARINE



South Carolina
Department of Insurance
Division of Financial Services
1201 Main Street, Suite 1000
Columbia, S.C. 29201

NIKKI R. HALEY
Governor

Mailing Address:
P.O. Box 100105
Columbia, S.C. 29202-3105
Telephone: (803) 737-6188 Fax: (803) 737-6232
E-mail: mshull@doi.sc.gov

Form 1027 SL

**Appointment of the Director of Insurance for the State of South Carolina as Attorney to
Accept Service of Process**

_____, a corporation duly organized under, and by virtue of, the laws of the State of _____, hereinafter called the subscribing eligible surplus lines insurer, does hereby make, constitute, and appoint the Director of Insurance for the State of South Carolina, and each of his successors in office, to be its true and lawful attorney upon whom all legal process in any action or proceeding against it on a cause of action arising within the State of South Carolina must be served. Further, the subscribing eligible surplus lines insurer does hereby agree that all legal process in any action or proceeding against it on a cause of action arising within the State of South Carolina which is served upon the Director of Insurance for the State of South Carolina, or upon each of his successors in office, shall be of the same legal force and validity as if served upon the subscribing eligible surplus lines insurer.

By this appointment, the subscribing eligible surplus lines insurer does grant to the Director of Insurance for the State of South Carolina, and to each of his successors in office, full power and full authority to perform every act necessary and requisite to be done in order to accept all service of process in any action or proceeding against it on a cause of action arising within the State of South Carolina. Further, the subscribing eligible surplus lines insurer does hereby ratify and confirm any act that the Director of Insurance for the State of South Carolina, or each of his successors in office, shall lawfully do, or cause to be done on his behalf, pursuant to this office, shall lawfully do, or cause to be done on his behalf, pursuant to this granted power. This authority shall continue in full force and effect so long as any of the subscribing eligible surplus lines insurer's liability remains outstanding within the State of South Carolina. This instrument is executed pursuant to, and shall be construed so as to constitute full compliance with, S.C. Code Ann. Section 38-45-170 (1976, as amended).

In witness of this appointment, the subscribing eligible surplus lines insurer, pursuant to a resolution duly adopted by its Board of Directors or like governing body, does both cause this instrument to be executed in its name by its President and its Secretary and cause its corporate seal to be affixed upon this instrument in the

City of _____, in the State of _____,

upon this _____ day of _____, 20 _____.

Attest:

By: _____
SECRETARY

Subscribing Eligible Surplus Lines Insurer

By: _____
PRESIDENT

Subscribing Eligible Surplus Lines Insurer

STATE OF _____)

COUNTY OF _____)

This certifies that on the _____ day of _____, 20____, _____, known to me to be the President of the subscribing eligible surplus lines insurer and _____, known to me to be the Secretary of the subscribing eligible surplus lines insurer, personally appeared before me and executed the foregoing Appointment of the Director of Insurance for the State of South Carolina as Attorney to Accept Service of Process and severally acknowledged that they executed the Appointment of the Director of Insurance for the State of South Carolina as Attorney to Accept Service of Process by the authority of, and on behalf of, the subscribing eligible surplus lines insurer pursuant to a resolution of the Board of Directors or like governing body of that subscribing eligible surplus lines insurer duly adopted upon the _____ day of _____, 20____. Further, _____, the Secretary of the subscribing eligible surplus lines insurer, acknowledged that the corporate seal thereto attached or impressed is the corporate seal of the subscribing eligible surplus lines insurer and was personally affixed by him upon the Appointment of the Director of Insurance for the State of South Carolina as Attorney to Accept Service of Process.

In testimony whereof, I have hereunto set my signature and notarial seal upon this _____ day of _____, 20____.

Notary Public _____ (L.S.)

State of _____

My Commission Expires: _____