



**South Carolina
Department of Insurance**

**Division of Financial Services
1201 Main Street, Suite 1000
Columbia, S.C. 29201**

**NIKKI R. HALEY
Governor**

**DAVID BLACK
Director of Insurance**

**Mailing Address:
P.O. Box 100105
Columbia, S.C. 29202-3105**

**Annual Audited Financial Reports -
Financial or Organizational Hardship Exemption Affidavit**

(Filing Deadline – **March 1**)

I, the undersigned, hereby request that

(Name of South Carolina Domestic Insurer)

(Address)

(City, State, Zipcode)

(NAIC Code Number)

(Federal ID Number)

be granted an exemption from the requirements of S.C. Code Ann. Regulation 69-70 as compliance with the Regulation would constitute a financial or organizational hardship upon the insurer for the reason(s) shown below:

Signature _____ Date _____

Officer's Name/Title (print or type)

Notary Public

Please send Affidavit to:
Tim Campbell, Chief Financial Analyst
South Carolina Department of Insurance
Post Office Box 100105
Columbia, SC 29202-3105