



South Carolina Department of Insurance

Capitol Center
1201 Main Street, Suite 1000
Columbia, South Carolina 29201

HENRY McMASTER

Governor

RAYMOND G. FARMER

Director

Mailing Address:
P.O. Box 100105, Columbia, S.C. 29202-3105
Telephone: (803) 737-6095

Premium Service Company Initial Application Additional Questions

Company Name _____

NIPR Transaction Number _____

Company FEIN _____

1. Is there / Will there be a physical office in the State of South Carolina?
 - a. If yes, please provide a Certificate of Authority from the SC Secretary of State.

2. Has the applicant, any partner, director, officer, office mgr., field representative or stockholder owning ten (10) percent or more of applicant's outstanding capital stock ever:
(Answer Yes or No)
 - a. Received a rejection or suspension of license, been convicted or entered a plea of guilty or nolo contendere, with respect to any laws or regulation relating to the business of insurance?

 - b. Been placed in voluntary or involuntary bankruptcy, receivership, trusteeship, or conservatorship?

 - c. Previously applied in this State for a license to engage in the business of insurance premium financing?

 - d. Hold a license to engage in business of insurance premium financing or any similar/related business in any state, district, or territory of the United States?

Note: No other affidavits will be accepted. You must sign or electronically sign the initial/renewal application and forms provided by the SC DOI.



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- e. Directly or indirectly under common ownership, control, or management or otherwise affiliated or associated with any insurer, or any person, firm, or corporation having or exercising control of an insurer?

3. What entities own at least ten (10) percent of applicant's capital stock? (Please attach additional pages)

Name _____

Address _____

Shares _____

Ownership _____

Par Value/Share _____

Dividend Calculated _____

4. What business, other than insurance premium financing, will be conducted by the applicant?

5. Applicant's address where business will be conducted within the State:

6. Address where books and records are located:

7. If applicant is foreign, sole proprietorship, or corporation, address of principal place of business:

8. Name and address for the Agent for service of process:

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I certify that I will comply with all applicable provisions of Title 38, Chapters 39 of the South Carolina Code of Laws. I certify all information submitted on this form and attachments is true and accurate. I understand that providing false information on this form may result in the revocation of the registration or imposition of administrative penalties for the Applicant under which this form is required.

Signature _____

Date _____

Name _____

Position _____

Subscribed and sworn to me before this _____ day of _____, 20_____.

Notary Signature _____

My Commission Expires _____

County of _____

State of _____

(Notary Seal Affixed Here)

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