



South Carolina Department of Insurance  
1201 Main Street Suite 1000  
Columbia, SC 29201

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From the SCDOI Financial Regulation  
& Solvency Division  
P.O. Box 100105  
Columbia, S.C. 29202-3105  
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## **Requirements for Approval as an Alien Surplus Lines Insurer in South Carolina**

The Applicant must submit the following:

1. It must be listed with the National Association of Insurance Commissioners International Insurers Department (IID). Once approved to be added to the Department's list of Alien Eligible Surplus Lines Insurers, it must remain on the IID List. Should the Department receive notification from the IID that the Applicant has been removed from its list, it will immediately be removed from this Department's list of Alien Eligible Surplus Lines Insurers.
2. 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.
3. 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.

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South Carolina Department of Insurance  
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**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       CASUALTY       MARINE



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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: \_\_\_\_\_