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.

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
COMPANY INFORMATION – ELIGIBLE SURPLUS LINES

<table>
<thead>
<tr>
<th>NAME OF COMPANY</th>
<th>COMPANY CONTACT</th>
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<tbody>
<tr>
<td>STATE OF DOMICILE</td>
<td>YEAR ORGANIZED OR INCORPORATED</td>
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<tr>
<td>MAILING ADDRESS</td>
<td>STATUTORY HOME OFFICE ADDRESS</td>
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<tr>
<td>PHONE NUMBER</td>
<td>NAIC CODE</td>
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<tr>
<td>FAX NUMBER</td>
<td>FEIN CODE</td>
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APPLIED FOR AUTHORITY TO TRANSACT THE FOLLOWING KINDS OF INSURANCE IN SOUTH CAROLINA

- [ ] PROPERTY
- [ ] SURETY
- [ ] CASUALTY
- [ ] MARINE
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: ____________________