South Carolina
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NIKKI R. HALEY
Governor

SCID FORM 1030

APPLICATION FOR REGISTRATION AS A RISK RETENTION GROUP
(All information should be typed.)

1. List the corporate name of the Risk Retention Group.

   _____

   (Name must include the phrase "Risk Retention Group")

   List any "Doing Business As" of the Risk Retention Group.

   _____

2. The primary activity of this Risk Retention Group consists of assuming and spreading all, or any portion, of the liability exposure of its members.

3. The Risk Retention Group is organized for the primary purpose of conducting the activity described under (2) above.

4. The Risk Retention Group is chartered and licensed as a liability insurance company under the laws of the State of _____, and is authorized to engage in the following lines of insurance under the laws of its chartering State:

   _____

   _____

   _____

5. The Risk Retention Group does not exclude any person from membership in the Group solely to provide for members of the Group a competitive advantage over such person.

6. Ownership of the Risk Retention Group consists of one or the other of the following (check one):

   ___ The owners of the Group are the only persons who comprise the membership of the Group and who are provided insurance by the Group;

   ___ The sole owner of the Group is (Give name and address of organization)_____

   _____

   _____,
   an organization whose members only comprise the membership of the Group, and whose owners are only persons who comprise the membership of the Group and who are provided insurance by the Group.

7. The Risk Retention Group is composed of members who are engaged in the following described business or activities, which are similar or related with respect to the liability to which such members are exposed by virtue of related, similar, or common business, trade, product, services, premises or operations (Give general description of business or activities engaged in by Group members):_____

_____

_____

8. In an attachment, list the name, address and telephone number of each officer of the Risk Retention Group and the key officer or staff person (not an employee of the Group's management company) responsible for overseeing "hands on management" of the Group.

8A. In an attachment, list the name, address, and telephone number of the company responsible for management of the insurance operations of this Risk Retention Group. (If none, answer none.) _____

8B. List the name, address, and telephone number of the principal agent or broker responsible for marketing the Group's insurance policies. (If none, answer none.)_____

_____

_____

9. The activities of the Risk Retention Group do not include the provision of insurance other than:

   (a) liability insurance for assuming and spreading all or any portion of the similar or related liability exposure of its Group members; and

   (b) reinsurance with respect to the similar or related liability exposure of another Risk Retention Group (or a member of such other Risk Retention Group) engaged in businesses or activities which qualify such other Risk Retention Group (or member) under item (6) above for membership in this Group.

10. The Risk Retention Group will comply with the unfair claim settlement practices laws of this State.

11. The Risk Retention Group will pay, on a non-discriminatory basis, applicable premium and other taxes which are levied on such Group under the laws of this State.

12. The Risk Retention Group has designated the Director of Insurance of this State to be its agent solely for the purpose of receiving service of legal documents or process.

13. The Risk Retention Group will submit to examination by the Director of Insurance to determine the Group's financial condition, if:

   (a) the Insurance Commissioner of the Group's chartering State has not begun or has refused to initiate an examination of the Group; and

   (b) any such examination by the Director of Insurance is coordinated so as to avoid unjustified duplication and unjustified repetition.

14. The Risk Retention Group will comply with a lawful order issued in a delinquency proceeding commenced by the Director of Insurance upon a finding of financial impairment, or in a voluntary dissolution proceeding.

15. The Risk Retention Group will comply with the laws of this State concerning deceptive, false or fraudulent acts or practices, including any injunctions regarding such conduct obtained from a court of competent jurisdiction.

16. The Risk Retention Group will comply with an injunction issued by a court of competent jurisdiction upon petition by the Director of Insurance alleging that the Group is in hazardous financial condition or is financially impaired.

17. The Risk Retention Group will provide the following notice, in 10-point type, in any insurance policy issued by the Group:

"NOTICE

> "This policy is issued by your Risk Retention Group. Your Risk Retention Group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your Risk Retention Group."

18. The Risk Retention Group has submitted to the Director of Insurance as part of this application and before it has offered any insurance in this State, a copy of the plan of operation or feasibility study which it has filed with the Insurance Commissioner of its chartering State. This plan or study discloses the name of the State in which the Group is chartered, as well as the Group's principal place of business, and such plan or study further includes the coverages, deductibles, coverage limits, rates, and rating classification systems for each line of insurance the Group intends to offer. The Group will promptly submit to the Director of Insurance any revisions of such plan or study to reflect any changes to the plan including, but without limitation, additional lines of liability insurance which the Group intends to offer, and any change in the designation of the Group's chartering state.

19. The Risk Retention Group will submit its annual financial statement to the Director of Insurance by March 1 of each year, if requested. The annual financial statement will be certified by an independent public accountant and include a statement of opinion on loss and loss adjustment expense reserves made by a member of the American Academy of Actuaries or a qualified loss reserve specialist.

20. The Risk Retention Group will not solicit or sell insurance to any person in this State who is not eligible for membership in the Group.

21. The Risk Retention Group will not solicit or sell insurance in this State, or otherwise operate in this State, if the Group is financially impaired or is in a hazardous financial condition.

We do hereby swear and affirm that the aforementioned statements and information are true and correct.

_____
President or Chief Executive Officer

_____
Secretary

Sworn before me this_____ day of

_____, 20_____.

Notary Public, State of: _____

My Commission Expires: _____.

(h:\k\rrg – application – Form 1030)