

## **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 -**Premium and Policyholders or Certificateholders Exemption Affidavit

(Filing Deadline – March 1)

I, the undersign	ed, hereby certify that			
	(Name of	South Carolina	Domestic Insurer)	-
	(Address)			-
	(City, State, Zipcode)		-	
	(NAIC Code Number)	-	(Federal ID Number)	-
is automatically Regulation 69-7		nual audited fi	nancial reports as permi	tted by S.C. Code Ann.
Carolina for\$	(year endi	ng December of policyholder	31 prior to March 1 s or certificate holders of	ear in the State of South filing due date) was f directly written policies
		Signature		Date
		Officer's Name	/Title (print or type)	
Notary Public		-		
•	Chief Financial Analyst Department of Insurance			

Post Office Box 100105 Columbia, SC 29202-3105