



South Carolina Department of Insurance

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

HENRY McMASTER
Governor

RAYMOND G. FARMER
Director

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South Carolina Surrender Form

Company Name: _____

License Number: _____

Reason for surrender of license(s): _____

- No third-party administrator, private review agent organization, service contract provider, or premium service company who is currently under investigation by the Department of Insurance may voluntarily surrender its license.
- A voluntary surrender will be effective immediately upon receipt of this surrender request.

_____ hereby surrenders its _____
(Name of business entity) (License Type)

license (license number: _____), to act as a third-party administrator, private review agent organization, service contract provider, or premium service company in the state of South Carolina.

I hereby certify that I understand the requirements of this surrender. That I cannot act in the capacity of a third-party administrator, private review agent organization, service contract provider, or premium service company or perform any of the functions, duties, or powers prescribed for a third-party administrator, private review agent organization, service contract provider, or premium service company in this state under the provisions of South Carolina Insurance Laws, Title 38.

I also certify there are no outstanding liabilities pending against this licensee as a third-party administrator, private review agent organization, service contract provider, or premium service company in the state of South Carolina.

Signature: _____ Date: _____

Typed Name: _____ Title: _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

(Notary Public)

(seal)