South Carolina
Department of Insurance
300 Arbor Lake Drive, Suite 1200
Columbia, South Carolina 29223

Post Office Box 100105
Columbia, South Carolina 29202-3105

MARK SANFORD
Governor

ELEANOR KITZMAN
Director of Insurance

BROKER BOND

STATE OF_____ **BROKER BOND NO.**_____

KNOW ALL MEN BY THESE PRESENTS, That I, _____as Principal, of _____, and _____ as Surety, of _____ _____ are held and firmly bound unto the State of South Carolina, in the sum of Ten Thousand ($10,000) Dollars, to the payment of which, well and truly to be made, we bind ourselves, and each and everyone of us, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Sealed with our seals and dated at _____ this _____ day of _____ in the year our Lord _____

WHEREAS, the laws of the State of South Carolina (S.C. Code Ann. Section 38-45-20, 1976, as amended) require an insurance broker, before being licensed to do business in this State to file an approved bond in the sum of Ten Thousand ($ 10,000) Dollars.

AND WHEREAS, _____ desires to be licensed as an insurance broker in accordance with the laws of this State, and desires to file such a bond in the sum of Ten Thousand ($10,000) Dollars, and does by this instrument furnish and file such a bond.

NOW the condition of the above bond is such that if the above bound Principal shall pay any person insured or seeking insurance through him who shall sustain loss as a result of (a) his violation of or failure to comply with any insurance law or regulation of this State, (b) his failure to properly transmit any payment received by him, cash or credit, for transmission to an insurer or insured, or (c) any act of fraud committed by him in connection with an insurance transaction, then the above bond is to be void and of no effect or else to remain of full force and virtue.

Surety's liability hereunder, as to the future only, may be terminated:

> (a) by written notice received by the Director of Insurance of South Carolina from Surety stating when, not less than 30 days thereafter, Surety's future liability shall terminate; or (b) upon written authorization from the Director of Insurance of South Carolina to Surety.

IN WITNESS whereof, Principal and Surety have executed and sealed this bond in the manner and form following:

In the presence of two witnesses as to Principal

1. _____ _____
Principal

2. _____
One of above witnesses must complete affidavit at top of reverse side

In the presence of two witnesses as to Surety

1. _____ _____
S urety

2. _____ By:_____
One of above witnesses must complete affidavit at bottom of reverse side Title _____
(Affix Corporate Seal)

REV. 7/99

STATE OF _____

COUNTY OF _____

PERSONALLY appeared before me _____
(one of Witnesses to Principal on Reverse Side)

who, being duly sworn, says that he saw the within mentioned _____
(Principal)

sign, seal, and as to his act or deed, deliver the within written bond for the uses and purposes therein mentioned, and that he witnessed the execution of same.

_____
Signature of Above Witness to Principal

Sworn to and subscribed before me this _____ day of _____, _____
(year)

_____
Notary Public

My Commission Expires:_____

STATE OF _____

COUNTY OF _____

PERSONALLY appeared before me _____
(one of Witnesses to Surety on Reverse Side)

who, being duly sworn, says that he saw the within mentioned _____
(Surety)

by _____ sign, seal, and as to his act or deed, deliver the within written
(Officer of the Surety)

bond for the uses and purposes therein mentioned, and that he witnessed the execution of same.

_____
Signature of Above Witness to Surety

Sworn to and subscribed before me this _____ day of _____, _____
(year)

_____
Notary Public

My Commission Expires:_____