South Carolina Department of Insurance

P.O. Box 100105, Columbia, S.C. 29202-3105
Telephone: (803) 737-6095

MARK SANFORD
Governor

ELEANOR KITZMAN
Director of Insurance

APPLICATION FOR CONTINUATION OF INSURANCE AGENCY'S LICENSE FOR THE LICENSING PERIOD OF JANUARY 01, 2006 THRU DECEMBER 31, 2007

Agency Name: _____ **Agency Code:** _____

Address: _____

Address : _____

City:_____ **State:** _____ **Zip Code:** _____

This continuation application must be completed in its entirety and returned to this Department by the end of January 2006. Although the license your agency now holds was issued for an indefinite term, if this application and the biennial fee are not received by the end of January, your Insurance Agency's License will be cancelled. Your continuation license fee is $40.00. The reinstatement fee for licenses cancelled for late filing is an additional $40.00 fee. Please make your license fee remittance payable to the South Carolina Department of Insurance. Do not send cash through the mail. Your cancelled bank check will serve as your receipt.

SECTION 1 – AGENCY INFORMATION		
MAILING ADDRESS	BUSINESS E-MAIL OR WEB ADDRESS	FEIN #

SECTION 2 – BRANCH OFFICE ADDRESSES (Attach a separate sheet if necessary)				
STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE #

SECTION 3 – LIST PRINCIPAL OFFICERS OR PARTNERS (Attach a separate sheet if necessary)		
NAME AND STREET ADDRESS (Do not use PO Box No)	TITLE	TYPE OF LIC HELD IN SC (IF APPLICABLE)

*SECTION 4 – LIST ALL EMPLOYEES OR OFFICERS LICENSED AS INSURANCE PRODUCERS IN SOUTH CAROLINA (Attach a separate sheet if necessary)			
NAME OF PRODUCER	SOC. SEC. NO.	NAME OF PRODUCER	SOC. SEC. NO.

SECTION 5 – APPLICANT'S SWORN STATEMENT

I do solemnly swear that all information contained within this application is complete, true and correct to the best of my knowledge.

_____ Day of _____ **SIGNED _____**