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

SOUTH CAROLINA INSURANCE ADMINISTRATOR BOND

STATE OF _____ Bond No. _____

KNOW ALL MEN BY THESE PRESENTS, That we _____

as Principal, of _____ and _____

_____, as Surety, of _____

_____ are held and firmly bound unto the State of South Carolina in the sum of Seventy-five Thousand ($75,000) **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.

Effective Date _____ Expiration Date _____

Sealed with our seals and dated at _____

this _____ day of _____ in the year of our Lord two thousand and three.

WHEREAS, Section 38-51-30 of the Code of Laws of South Carolina (1976), as amended, require an insurance administrator, before being licensed to do business in this State, to file an approved bond in the amount of seventy-five thousand dollars;

AND WHEREAS, _____ desires to be licensed as an insurance administrator in accordance with the laws of this State, and desires to file such a bond in the sum of Seventy-five Thousand ($75,000) Dollars, and does by this instrument furnish and file such bond.

NOW the condition of the above bond is such that if the above bound Principal shall pay any person who shall sustain loss as a result of (a) the Principal's violation of or failure to comply with the requirements of Act 133 of 1985, as amended, (b) the Principal's failure to properly transmit any payment received for transmission to an insurer, or other person, (c) the Principal's misapplication or misappropriation of funds received by it, or (d) any act of fraud or dishonesty committed by the Principal in connection with the administration of an insurance benefit plan, then the above bond to be void and of none effect; or else to remain of full force and virtue.

It is understood and agreed that in no event shall the aggregate liability of the Surety under this bond for any and all payments due to one or more claimants exceed the penal sum of this bond regardless of the number of years the bond shall remain in effect.

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

(a) by notice in writing by the surety to the Director of Insurance of the State of South Carolina stating when, not less than forty (40) days thereafter, the surety's future liability shall terminate, and upon written authorization from the Director of Insurance of the State of South Carolina to said surety; 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. _____

2. _____ _____
One of the above witnesses must complete affidavit on top of reverse side — Principal

In the presence of two witnesses as to Surety

1. _____ _____
SURETY

2. _____ By: _____
One of the above witnesses must complete affidavit at bottom of reverse side — Title

(Affix Corporate Seal)

Personally Countersigned by a Licensed South Carolina Resident Agent:

_____
(Type or Print Name)

Signed: _____

_____
(Social Security Number)

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)

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 _____, 20_____

_____
(Notary Public)

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_____
(officer of the Surety)

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

_____
(Signature of Above Witness to Surety)

sworn to and subscribed before me this

_____day of _____, 20_____

_____
(Notary Public)

Form No. 1029
(Rev. 2/96)