



South Carolina Department of Insurance

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Columbia, South Carolina 29201

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MARK SANFORD
Governor

SCOTT RICHARDSON
Director of Insurance

ADDRESS CORRECTION FORM

IN ACCORDANCE WITH S.C. CODE OF LAWS, INDIVIDUAL PERSONS LICENSED TO TRANSACT THE BUSINESS OF INSURANCE IN THE STATE OF S.C. MUST NOTIFY THE SOUTH CAROLINA DEPARTMENT OF INSURANCE OF THE CHANGE IN ADDRESS WITHIN 30 DAYS. FAILURE TO NOTIFY THIS DEPARTMENT COULD RESULT IN PENALTIES UP TO \$2,500 AND/OR POSSIBLE REVOCATION IN ACCORDANCE WITH S.C. CODE OF LAWS SECTION 38-2-10.

NAME _____ DATE _____

LICENSE # AND/OR SOCIAL SECURITY # _____

HOME ADDRESS

(NO POST OFFICE BOX NUMBERS)

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____

MAILING ADDRESS

(IF DIFFERENT FROM HOME ADDRESS)

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____

BUSINESS ADDRESS

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

E-Mail Address _____

INDIVIDUAL'S SIGNATURE _____