



South Carolina Department of Insurance

Capitol Center, 1201 Main St., Suite 1000
Columbia, South Carolina 29201

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MARK SANFORD
Governor

SCOTT RICHARDSON
Director of Insurance

AUTHORIZED APPOINTING OFFICER FORM

NAME AND ADDRESS
OF INSURER:

S.C. COMPANY CODE
NUMBER: _____

As a licensed insurer in South Carolina, you must have on file with this office the names and signatures of persons authorized to appoint and terminate producers for your insurer. Please fill out and return this form as soon as possible as this information is needed in order to license producers with your insurer. Please keep this list current as to changes in personnel. THIS LISTING IS TO SUPERCEDE ANY OTHER LISTING WHICH IS ALREADY ON FILE WITH THIS DEPARTMENT, UNLESS SO NOTED.

Type Name of Authorized Individual

Signature of Authorized Individual

SIGNATURE OF COMPANY OFFICER: _____

TYPE NAME AND TITLE OF COMPANY OFFICER:
