



State of South Carolina Department of Insurance

Capitol Center, 1201 Main St., Suite 1000
Columbia, South Carolina 29201
Post Office Box 100105
Columbia, South Carolina 29201-3105
Telephone: (803) 737-6134

MARK SANFORD
Governor

SCOTT RICHARDSON
Director of Insurance

REVOCATION OF POWER OF ATTORNEY — BAIL BOND RUNNER

KNOW ALL MEN BY THESE PRESENTS that I, _____ do
(Print or Type Bondsman's Name)

hereby revoke that Power of Attorney previously given by me to _____
(Print or Type Runner's Name)

on _____, _____.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal this _____ day of _____, _____.

Bondsman's Signature

Sworn to before me this

_____ day of _____, _____

Notary Public for South Carolina

My Commission Expires- _____