



**South Carolina  
Department of Insurance**

**Division of Financial Services  
1201 Main Street, Suite 1000  
Columbia, S.C. 29201**

**HENRY McMASTER  
Governor**

**RAYMOND G. FARMER  
Director**

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**Mailing Address:  
P.O. Box 100105  
Columbia, S.C. 29202-3105**

**Annual Audited Financial Reports -  
Premium and Policyholders or Certificateholders Exemption Affidavit**

(Filing Deadline – **March 1**)

I, the undersigned, hereby certify that

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(Name of South Carolina Domestic Insurer)

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(Address)

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(City, State, Zipcode)

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(NAIC Code Number)

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(Federal ID Number)

is automatically exempt from filing annual audited financial reports as permitted by S.C. Code Ann. Regulation 69-70, Section 2.

I further certify the amount of direct premiums written during the calendar year in the State of South Carolina for \_\_\_\_\_ (year ending December 31 prior to March 1 filing due date) was \$ \_\_\_\_\_ and the number of policyholders or certificate holders of directly written policies nationwide at the end of the calendar year shown above was \_\_\_\_\_.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Officer's Name/Title (print or type)

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Notary Public

Please send Affidavit to:  
Michael Shull, Chief Financial Analyst  
South Carolina Department of Insurance  
Post Office Box 100105  
Columbia, SC 29202-3105