

**STATE OF SOUTH CAROLINA  
DISCOUNT MEDICAL PLAN ORGANIZATIONS  
SPECIAL DEPOSIT BOND**

**KNOW ALL MEN BY THESE PRESENTS**, that we \_\_\_\_\_ as Principal,  
and \_\_\_\_\_, a Surety Company authorized to do business in the State of South Carolina  
are firmly held and bound unto the South Carolina Department of Consumer Affairs (Department) in full and just sum of  
\_\_\_\_\_ U.S. Dollars (\$\_\_\_\_\_), to which payment we  
bind ourselves and our respective successors and assigns jointly and severally.

WHEREAS, the above bonded Principal is currently registered, or has applied for registration, to operate as a Discount Medical Plan Organization in South Carolina pursuant to South Carolina Code § 37-17-10 et seq.;

WHEREAS, South Carolina Code § 37-17-40(A)(3) requires that a discount medical plan organization submit a bond in the amount of fifty thousand dollars (\$50,000.00);

NOW THEREFORE, the condition of this bond is such that if the above Principal fully complies with the provisions of South Carolina Code § 37-17-10 et seq., all Regulations of the State of South Carolina applicable to the operation and regulation of discount medical plan organizations, and any orders made pursuant thereto, then this obligation shall be void; otherwise it is to remain in full force and effect. This bond is a continuous obligation and shall cover the full period or periods of registration of the Principal, including initial and renewal periods.

The bond must be for the sole use of the Department for claims against the Principal for violations of South Carolina Code § 37-17-10 et seq.

PROVIDED, HOWEVER, that liability hereunder may be terminated either (a) by written notice from the Surety to the Department that liability shall terminate upon the expiration of forty-five (45) days from the date of such notice; or (b) upon written authorization mailed to the surety by the Department. This provision, however, does not relieve, release or discharge the Surety from any liability already accrued or which shall accrue before the expiration of the forty-five (45) day period.

Bond Number: \_\_\_\_\_

Effective Date of Bond: \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Signature of Surety

\_\_\_\_\_  
Print your Name and Title (Principal)

\_\_\_\_\_  
Print your Name and Title (Surety)

Power of Attorney Letter Must Be Attached

SWORN TO AND SUBSCRIBED before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public For \_\_\_\_\_

(SEAL)

My Commission Expires:  
\_\_\_\_\_