

STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

DISCOUNT MEDICAL PLAN ORGANIZATIONS

Mailing Address P.O. Box 5757 Columbia, SC 29250-5757 <u>S.C. Code Ann.</u> § 37-17-10 <u>et seq.</u> <u>www.consumer.sc.gov</u> (803) 734-4200

Street Address 293 Greystone Blvd., Ste. 400 Columbia, SC 29210-8004

MARKETER COMPANY LIST

(Please type or print in black ink)

If filling in the form electronically, copy and paste the table as many times as needed onto subsequent pages. If filling in by hand, make as many copies of the second page as needed. This information may also be provided in a report that you generate, provided that all of the information requested in the table below is included. **Include all marketer companies, including sub-marketers and private label brands.**

Name of DMPO Date													
M	Marketer Company		F					N					
C	ontact Person												
М	Mailing Address City												
C					State				Zip				
T	elephone Numb	er			Fax Number								
	lumber of epresentatives			Date Rela		onship Ini							
	Company Websi	ite				Customer I Website							
	·												
М	Marketer Company								FEIN				
С	Contact Person												
М	lailing Address												
C	City Telephone Number Number of Representatives Company Website				State	e			Zip				
			Fax Number			Number							
			Date Relationship Ini				tiated						
							Customer Info Website						
М	larketer Compar	ıy	FEIN										
C	ontact Person												
М	lailing Address												
С	City Telephone Number		Stat		e			Zip					
T					Fax	Number							
	lumber of epresentatives			Date Relationship I			tiated						
	Company Websi	ite				Customer Info Website							

Marketer Company								
Contact Person								
Mailing Address								
City		Stat	e			Zip		
Telephone Number			Fax Number					
Number of	Date	Relationship Initiated						
Representatives	<u> </u>	Customer Info						
Company Website			Web					
Marketer Company				FE)	ΙN			
Contact Person								
Mailing Address								
City		Stat	e			Zip		
Telephone Number		Fax	Number					
Number of Representatives	Date Relationship Initiated							
			Custom	er Info				
Company Website			Web	site				
Marketer Company				FE)	IN			
Contact Person								
Mailing Address				Г				
City		State				Zip		
Telephone Number		Fax	Number					
Number of Representatives	Date Relationship Initiated							
Company Website	Customer Info							
company website	Website							
Marketer Company				FE)	IN			
Contact Person								
Mailing Address				ı				
City		Stat	e			Zip		
Telephone Number Number of		Fax	Number					
Representatives	Date	Relati	onship Ini	tiated				
Company Website			Custome					
, ,			Web	site				
Marketer Company	FEIN							
Contact Person								
Mailing Address								
City		Stat				Zip		
Telephone Number Number of			Number		1			
Representatives	Date Relationship Initiated							
Company Website			Customer Info Website					

AFFIDAVIT OF APPLICANT

I swear or affirm and certify that I have completed and/or reviewed all information on this form, and to the best of my knowledge and belief, all information contained herein is true, correct and complete; and that there are no material omissions of fact which would have a bearing upon the South Carolina Department of Consumer Affairs' decision to grant the requested registration certificate. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes.

Signature	
Date	
Date	
Type or Print your name and Title	
SWORN TO AND SUBSCRIBED before me	
this, 20_	
,	
	(SEAL)
Notary Public For	
My Commission Expires:	