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_____

________________________________________________                               (SEAL)
Notary Public For __________________________________
My Commission Expires: __________________________________

DMPO Special Deposit Bond
SCDCA Form DMPO-06
Revised 10/06
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