Mailing Address
P.O. Box 5757
Columbia, SC 29250-5246

STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS

DISCOUNT MEDICAL PLAN ORGANIZATIONS

S.C. Code Ann. § 37-17-10 et seq.

www.consumer.sc.gov
(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	

Marketer Company			FEIN		
Contact Person					
Mailing Address					
City		State		Zip	
Telephone Number		Fax Number			
Number of Representatives		Date Relationship Initiated			
Company Website		Customer Info Website			

Marketer Company			FEIN		
Contact Person					
Mailing Address					
City		State		Zip	
Telephone Number		Fax Number			
Number of Representatives		Date Relationship Initiated			
Company Website		Customer Info Website			

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Mailing Address					
City		State		Zip	
Telephone Number		Fax Number			
Number of Representatives		Date Relationship Initiated			
Company Website		Customer Info Website			

Marketer Company				**FEIN**	
Contact Person					
Mailing Address					
City		**State**		**Zip**	
Telephone Number		**Fax Number**			
Number of Representatives		**Date Relationship Initiated**			
Company Website		**Customer Info Website**			

Marketer Company				**FEIN**	
Contact Person					
Mailing Address					
City		**State**		**Zip**	
Telephone Number		**Fax Number**			
Number of Representatives		**Date Relationship Initiated**			
Company Website		**Customer Info Website**			

Marketer Company				**FEIN**	
Contact Person					
Mailing Address					
City		**State**		**Zip**	
Telephone Number		**Fax Number**			
Number of Representatives		**Date Relationship Initiated**			
Company Website		**Customer Info Website**			

Marketer Company				**FEIN**	
Contact Person					
Mailing Address					
City		**State**		**Zip**	
Telephone Number		**Fax Number**			
Number of Representatives		**Date Relationship Initiated**			
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Marketer Company				**FEIN**	
Contact Person					
Mailing Address					
City		**State**		**Zip**	
Telephone Number		**Fax Number**			
Number of 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

_____

Type or Print your name and Title

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, 20_____

_____ (SEAL)

Notary Public For _____

My Commission Expires:

_____