

STATE OF SOUTH CAROLINA  
STATE BOARD OF FINANCIAL INSTITUTIONS  
OFFICE OF COMMISSIONER OF BANKING  
1205 PENDLETON STREET, SUITE 305, COLUMBIA, SC 29201

BANK HOLDING COMPANY REGISTRATION  
(Incorporated in either South Carolina or another state)

Sections 34-25-70 and 34-25-280, Code of Laws of South Carolina, 1976, require that each bank holding company that directly or indirectly owns or controls a South Carolina state bank, a branch in South Carolina, or a South Carolina bank holding company, shall submit to the Board a report, not later than April fifteenth of each year.

Please complete the following and return to the Office of the Commissioner of Banking:

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Name of Bank Holding Company (BHC)

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Address

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Name and Title of Chief Executive Officer

Name and address of BHC's registered agent located in South Carolina who is authorized to accept process \_\_\_\_\_

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Note: If South Carolina registered agent changes prior to the next annual registration, promptly notify the State Board of Financial Institutions.

Please provide a copy of the BHC's latest consolidated annual report when available.

I. BANKING SUBSIDIARIES

(A) LOCATED IN SOUTH CAROLINA:

<u>Name and location</u>	<u>Amount of deposits held as of 12/31/15</u>	<u>Amount of loans outstanding as of 12/31/15 to individuals and entities with addresses in South Carolina</u>
1.		
2.		
3.		
4.		

(B) LOCATED IN ANOTHER STATE:

Name and location:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. NON-BANK SUBSIDIARIES

1. Name and address \_\_\_\_\_

\_\_\_\_\_

Nature of business \_\_\_\_\_

2. Name and address \_\_\_\_\_

\_\_\_\_\_

Nature of business \_\_\_\_\_

3. Name and address \_\_\_\_\_

\_\_\_\_\_

Nature of business \_\_\_\_\_

4. Name and address \_\_\_\_\_

\_\_\_\_\_

Nature of business \_\_\_\_\_

Name, address, and telephone number of person to whom customers' questions, complaints, etc., may be directed \_\_\_\_\_

\_\_\_\_\_

Name, title, email address, and telephone number of person to whom inquiries concerning this registration may be directed \_\_\_\_\_

\_\_\_\_\_

I am an authorized officer of the BHC named above and declare that this report of registration is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Name and title