

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

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

Section 34-28-380, Code of Laws of South Carolina, 1985, requires each South Carolina savings association holding company and each Southern Region savings association holding company controlling a South Carolina savings association that engages in a transaction which requires approval of the State Board of Financial Institutions shall within thirty days after approval of the transaction initially register and file annually with the Board on forms prescribed by the Board which shall include the information with respect to the financial condition and operations, management, and intercompany relationships of the savings association holding company and its subsidiaries, and related matters, as the Board may consider necessary or appropriate.

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Name of Savings Association Holding Company (SAHC)

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Address

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Name and Title of Chief Executive Officer

Date SAHC was incorporated \_\_\_\_\_ date acquired a South Carolina

Savings and loan association or savings bank \_\_\_\_\_

Date of transaction requiring registration \_\_\_\_\_

Final date this registration is due April 15, 2017

Name and address of SAHC's resident agent located in South Carolina who is authorized to accept

Process \_\_\_\_\_

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SAVINGS ASSOCIATION SUBSIDIARIES LOCATED IN SOUTH CAROLINA:

(1) Name and address \_\_\_\_\_

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

Method of control \_\_\_\_\_

(2) Name and address \_\_\_\_\_  
\_\_\_\_\_  
Nature of business \_\_\_\_\_  
Method of control \_\_\_\_\_  
\_\_\_\_\_

NON-SAVINGS ASSOCIATION SUBSIDIARIES LOCATED IN SOUTH CAROLINA:

(1) Name and address \_\_\_\_\_  
\_\_\_\_\_  
Nature of business \_\_\_\_\_  
Method of control \_\_\_\_\_  
\_\_\_\_\_

(2) Name and address \_\_\_\_\_  
\_\_\_\_\_  
Nature of business \_\_\_\_\_  
Method of control \_\_\_\_\_  
\_\_\_\_\_

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 SAHC 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

Note: Please attach to this registration a copy of the SAHC's latest consolidated annual report.