



**South Carolina Department of Motor Vehicles  
Uninsured Motorist Enforcement Fund  
Quarterly Payment Report**

FR-290  
(Rev. 9-04)

Insurer NAIC # \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Check here if new address:

Reporting Quarter Ending: \_\_\_\_\_

Person to contact regarding this report: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fees are due for each vehicle for which a policy was written or renewed during the reporting period. Please remit \$2/vehicle for each annual term vehicle and \$1/vehicle for each semi-annual term vehicle newly insured or renewed during that quarter.

Date Submitted: \_\_\_\_\_

Total number of annual term vehicles insured @ \$2 per vehicle \_\_\_\_\_

Total number of semi-annual term vehicles insured @ \$1 per vehicle \_\_\_\_\_

Amount of Payment: \_\_\_\_\_

Check Number: \_\_\_\_\_

Please explain difference, if any, between total fee due and amount of check:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that above information is true and correct.

Signed \_\_\_\_\_

Print Name and Title \_\_\_\_\_

Telephone Number \_\_\_\_\_

Submit with payment to:

**South Carolina Department of Motor Vehicles  
Uninsured Enforcement Fund  
Post Office Box 1029  
Blythewood, SC 29016  
Attn: Accounts Receivable**

<p align="center">DMV Use Only Customer No. _____</p>
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