

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

Insurer NAIC#	Federal Tax ID#
Insurance Company Name:	
Mailing Address:	
Check here if new address:	
Reporting Quarterly 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 the quarter.

Check Number: Please explain difference, if any, between total fee due and amount of check:  Please explain difference, if any, between total fee due and amount of check:  I certify that the 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	Date Submitted:		
Amount of Payment: Check Number: Check Number: Please explain difference, if any, between total fee due and amount of check: I certify that the 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	Total number of annual term vehicles insured @ \$2 per ve	ehicle	
Check Number: Please explain difference, if any, between total fee due and amount of check:  Please explain difference, if any, between total fee due and amount of check:  I certify that the 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	Total number of semi-annual term vehicles insured @ \$1	per vehicle	
Please explain difference, if any, between total fee due and amount of check:   I certify that the 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	Amount of Payment:		
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Signed	Please explain difference, if any, between total fee due and	d amount of check:	
Signed			
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 DMV Use Only Customer No	I certify that the above information is true and correct.		
Telephone Number  Submit with payment to:  South Carolina Department of Motor Vehicles Uninsured Enforcement Fund Post Office Box 1029 Blythewood, SC 29016  DMV Use Only Customer No	Signed		
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South Carolina Department of Motor Vehicles         Uninsured Enforcement Fund         Post Office Box 1029         Blythewood, SC 29016	Telephone Number		
Post Office Box 1029 Blythewood, SC 29016			
Aun. Accounts Receivable	Post Office Box 1029	DMV Use Only Customer No	