



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

DMV Use Only

Customer No. _____