



# 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 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.**

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 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**  
**Attn: Accounts Receivable**

DMV Use Only  
 Customer No. \_\_\_\_\_