



**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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