

**SOUTH CAROLINA DEPARTMENT OF INSURANCE  
YEARLY BROKER PREMIUM AND TAX RETURN**

<b>SOCIAL SECURITY NUMBER</b>	<b>BROKER NAME</b>			<b>BROKER TYPE</b>	
<b>STREET ADDRESS</b>		<b>PO BOX</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>

**DISTRIBUTION OF PREMIUMS WRITTEN FOR YEAR(ROUND TO THE NEAREST DOLLAR)**

CVG CD	COVERAGE DESCRIPTION	PREMIUMS	CVG CD	COVERAGE DESCRIPTION	PREMIUMS
19.00	LIFE(SECTION 38-1-20(37.5))		23.00	ALL CASUALTY (OTHER THAN AUTO LIAB)	
21.00	ACC & HLTH(SECTION 38-1-20(37.5))		23.30	COMM AUTO LIABILITY	
22.00	ALL PROPERTY (OTHER THAN AUTO)		24.00	SURETY	
22.10	PP AUTO PHYSICAL DAMAGE		25.00	MARINE	
22.30	COMM AUTO PHYSICAL DAMAGE		<b>*TOTAL</b>		

**COUNTY DISTRIBUTION-PROPERTY PREMIUMS(CODES 22.00,22.10,22.30)**

CNTY CD	COUNTY NAME	PREMIUMS	CNTY CD	COUNTY NAME	PREMIUMS
1	ABBEVILLE		24	GREENWOOD	
2	AIKEN		25	HAMPTON	
3	ALLENDALE		26	HORRY	
4	ANDERSON		27	JASPER	
5	BAMBERG		28	KERSHAW	
6	BARNWELL		29	LANCASTER	
7	BEAUFORT		30	LAURENS	
8	BERKELEY		31	LEE	
9	CALHOUN		32	LEXINGTON	
10	CHARLESTON		33	MCCORMICK	
11	CHEROKEE		34	MARION	
12	CHESTER		35	MARLBORO	
13	CHESTERFIELD		36	NEWBERRY	
14	CLARENDON		37	OCONEE	
15	COLLETON		38	ORANGEBURG	
16	DARLINGTON		39	PICKENS	
17	DILLON		40	RICHLAND	
18	DORCHESTER		41	SALUDA	
19	EDGEFIELD		42	SPARTANBURG	
20	FAIRFIELD		43	SUMTER	
21	FLORENCE		44	UNION	
22	GEORGETOWN		45	WILLIAMSBURG	
23	GREENVILLE		46	YORK	

This total should agree with total of lines 22.00, 22.10 and 22.30 **TOTAL** \_\_\_\_\_

**PAYMENT SCHEDULE**

<b>FOR QUARTER ENDED MARCH 31ST</b>	
<b>FOR QUARTER ENDED JUNE 30TH</b>	
<b>FOR QUARTER ENDED SEPTEMBER 30TH</b>	
<b>TOTAL</b>	

**TAX COMPUTATION**

<b>TOTAL PREMIUM WRITTEN FOR THE YEAR *</b>	
<b>TOTAL POLICY FEES CHARGED BY BROKER</b>	
<b>TOTAL PREMIUM WRITTEN AND POLICY FEES</b>	
<b>PREMIUM AND BROKER FEE TAX RATE</b>	X 0.040
<b>TOTAL BROKER PREMIUM TAX (DO NOT ROUND)</b>	
<b>PREVIOUS PAYMENTS MADE DURING YEAR(FROM ABOVE)</b>	
<b>TOTAL BROKER TAX DUE WITH THIS REPORT</b>	

\* These totals should agree

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**LICENSED BROKER SIGNATURE**

\_\_\_\_\_  
**TELEPHONE NUMBER ( )**

**CONTACT PERSON IF OTHER THAN BROKER** \_\_\_\_\_