


# South Carolina Department of Insurance

MARK SANFORD  
Governor

SCOTT H. RICHARDSON  
Director of Insurance

## BULLETIN NUMBER 2007-12

TO: All Insurers, Producers and Brokers Transacting Business in the State of South Carolina

FROM: Scott H. Richardson, CPCU   
Director

RE: Remitting Nonresident Broker Premium Taxes Directly to the Department

DATE: August 13, 2007

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The purpose of this bulletin is to address questions regarding the proper method of remitting premium taxes for nonresident brokers. Section 38-45-30(6) requires nonresident brokers as a condition of licensure to:

(6) pay the department, within thirty days after March thirty-first, June thirtieth, September thirtieth, and December thirty-first each year, a broker's premium tax of four percent upon premiums for policies of insurers not licensed in this State. Credit may be taken for tax on policies canceled flat within forty-five days of the effective policy date as long as the business was placed in good faith and the policy was canceled at the request of the insured.

The broker premium tax must be remitted to the Department in accordance with the requirements of Bulletin 2000-06 and the applicable forms and instructions. A nonresident broker is not required to remit the premium taxes through a resident broker. This bulletin supersedes and replaces any prior positions or rulings by this Department that *required* nonresident brokers to remit premium taxes through a resident broker. South Carolina law does not preclude nonresident brokers from remitting taxes through a resident broker if they elect to do so. The "Yearly Broker Premium and Tax Return" and Broker's Quarterly Premium Tax Payment" forms are incorporated into this bulletin by reference. The applicable forms are attached to this bulletin for your information and convenience.

Questions regarding this bulletin or the proper method for remitting premium taxes should be addressed to the attention of Mary Sturkie at [msturkie@doi.sc.gov](mailto:msturkie@doi.sc.gov) or by calling (803) 737-6082.

**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

\_\_\_\_\_  
**LICENSED BROKER SIGNATURE**

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

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

# SOUTH CAROLINA DEPARTMENT OF INSURANCE



Post Office Box 100105  
Columbia, South Carolina 29202-3105

## BROKER'S QUARTERLY PREMIUM TAX PAYMENT

Broker's Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

Broker's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I do certify that check number \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ is for the total amount of Broker's Tax on premiums approved for policies of companies not licensed in South Carolina (endorsements included) for the quarter ended \_\_\_\_\_.

Signature of Broker \_\_\_\_\_

**PAYMENT MUST BE MADE WITHIN THIRTY (30) DAYS OF CLOSE OF EACH QUARTER.**

**SCDI Form 2005**