STATE OF SOUTH CAROLINA
DEPARTMENT OF INSURANCE

300 Arbor Lake Drive, Suite 1200
Columbia, SC 29223

PO Box 100105
Columbia, SC 29202-3105

2005 FEE AND TAX RETURN FOR PROPERTY, CASUALTY, AND ALLIED LINES INSURER

COMPANY CODE: **COMPANY:**
NAIC CODE:

Schedule 01 - South Carolina Taxes and Obligations (All Insurers)

LINE NO	DESCRIPTION OF TAXES AND OBLIGATIONS		TAXES AND FEES DUE IN SOUTH CAROLINA
0101	Biennial License Fee		.00
0102	Biennial Fixed License Fee	(Schedule 03)	.00
0104	Insurance Premium Tax - P & C	(Schedule 05, Ln 0502)	.00
0105	Insurance Premium Tax - A & H	(Schedule 05, Ln 0503)	.00
0106	Workers Compensation Premium Tax	(Schedule 05, Ln 0504)	.00
0107	Fire Insp. / Dept. / Maintenance Tax	(Schedule 07, Ln 0799)	.00
0108	Retaliatory Tax (Foreign Insurers only)	(Schedule 02, Ln 0299)	.00
0150	Enter Total allowable Tax Credits	(Schedule 06. Ln 0699)	(.00)
0160	Less Amount of Taxes Paid Quarterly		(.00)
0199	**TOTAL AMOUNT OF TAXES DUE WITH THIS RETURN**		**.00**

Schedule 02 - Computation of Retaliatory Taxes (Foreign Insurers Only)

Enter SC Taxes & Obligations in Col. A. Enter Taxes & Obligations which State of Domicile requires of SC Insurer in Col. B

Attach Computations

LINE NO	DESCRIPTION OF TAXES AND OBLIGATIONS	TAXES DUE IN SOUTH CAROLINA (A)	TAXES DUE IN STATE OF DOMICILE (B)	RETALIATORY TAXES DUE (C)
0201	Biennial License Fee	.00	.00	
0202	Biennial Fixed License Fee	.00	.00	
0204	Insurance Premium Tax - P & C	.00	.00	
0205	Insurance Premium Tax - A & H	.00	.00	
0206	Worker's Compensation Premium Tax	.00	.00	
0207	Fire Insp. / Dept. / Maintenance Tax	.00	.00	
0209	Municipal Taxes	.00	.00	
0210	Second Injury Fund Assessment	.00	.00	
0211		.00	.00	
0212		.00	.00	
0213		.00	.00	
0214		.00	.00	
0215		.00	.00	
0298	**Total Fees/Taxes/Obligations**	**.00**	**.00**	
	Enter Total Fees/Taxes/Obligations for State of Domicile (Schedule 02, Ln 0298, Col. B)			.00
	Less Total Fees/Taxes/Obligations Due South Carolina (Schedule 02, Ln 0298, Col. A)			(.00)
0299	**Total Retaliatory Taxes Due South Carolina (if remainder is positive enter on Schedule 01, Ln 0108; otherwise enter $0.00)**			**.00**

State of _____ County of _____

We, the undersigned officer of the insurer and person preparing this form for the above named company, being severally sworn each for himself deposes and says that this return, including any accompanying schedules and statements has been examined by him, and is to the best of his knowledge, information and belief, a true and correct return, made in good faith and complete in all applicable parts, for the taxable year stated, pursuant to the laws of the state of South Carolina.

Sworn and subscribed before me this _____ day of _____ 20____

Notary Public: Affix Seal

Officer of the Insurer

Person Preparing Fee & Tax Return

Email Address

Email Address

Date Commission Expires

Title

(Area Code) Telephone Number and Extension

COMPANY CODE: **COMPANY:**
NAIC CODE:

Schedule 03 - Biennial Fixed License Fee	
The Biennial Fixed License Fee for your Company is	.00
Enter Biennial Fixed License Fee on Schedule 01, Line 0102.	
The above named insurer is authorized for the following Lines of Authority:	

Schedule 04 - Exhibit of Premiums and Dividends (To Nearest Dollar)

Attach Copy of S.C. Business Page and Schedule T

LINE NO	LINES OF BUSINESS	DIRECT PREMIUMS WRITTEN (A)	DIVIDENDS PAID (B)	NET PREMIUMS Col A - B = C (C)
01.00	Fire	.00	.00	.00
02.10	Allied Lines	.00	.00	.00
02.20	Multiple Peril Crop	.00	.00	.00
02.30	Federal Flood	.00	.00	.00
03.00	Farmowners Multiple Peril	.00	.00	.00
04.00	Homeowners Multiple Peril	.00	.00	.00
05.10	Commercial Multiple Peril (Non-Liability)	.00	.00	.00
05.20	Commercial Multiple Peril (Liability)	.00	.00	.00
06.00	Mortgage Guaranty	.00	.00	.00
08.00	Ocean Marine	.00	.00	.00
09.00	Inland Marine	.00	.00	.00
10.00	Financial Guaranty	.00	.00	.00
11.00	Medical Malpractice	.00	.00	.00
12.00	Earthquake	.00	.00	.00
13.00	Accident & Health - (Except Ln 15.70)	.00	.00	.00
15.70	Federal Employees Health Benefits Program	.00	.00	.00
16.00	Workers Compensation	.00	.00	.00
17.00	Other Liability	.00	.00	.00
18.00	Products Liability	.00	.00	.00
19.10	PP Auto Liability No-Fault PIP	.00	.00	.00
19.20	Other PP Auto Liability	.00	.00	.00
19.30	Comm Auto Liability No-Fault PIP	.00	.00	.00
19.40	Other Comm Auto Liability	.00	.00	.00
21.10	PP Auto Physical Damage	.00	.00	.00
21.20	Comm Auto Physical Damage	.00	.00	.00
22.00	Aircraft (All Perils)	.00	.00	.00
23.00	Fidelity	.00	.00	.00
24.00	Surety	.00	.00	.00
26.00	Burglary and Theft	.00	.00	.00
27.00	Boiler and Machinery	.00	.00	.00
28.00	Credit (Non-Consumer)	.00	.00	.00
96.00	Title	.00	.00	.00
98.00	All Other Lines	.00	.00	.00
99.99	**TOTAL SOUTH CAROLINA BUSINESS**	**.00**	**.00**	**.00**

DETAILS of Line 98.00 All Other Lines

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COMPANY CODE: **COMPANY:**

NAIC CODE:

Schedule 05 - Insurance Premium Taxes (To Nearest Dollar)				
LINE NO	DESCRIPTION OF NET PREMIUMS WRITTEN IN SOUTH CAROLINA	DIRECT NET PREMIUMS WRITTEN (A)	TAX RATE (B)	PREMIUM TAXES DUE A x B = C (C)
0502	Property & Casualty (Schedule 04, all Col. C except Lns 02.20, 13.00, 15.70, & 16.00) (Enter Tax on Schedule 01, Ln 0104)	.00	0.0125	.00
0503	Accident & Health (Schedule 04, Line 13.00, Col. C) (Enter Tax on Schedule 01, Ln 0105)	.00	0.0125	.00
0504	Workers Compensation (Schedule 04, Ln 16.00, Col. C) (Enter Tax on Schedule 01, Ln 0106)	.00	0.0250	.00
0599	**Total**			. 00

Schedule 06 - Insurance Premium Tax Credits Allowable (Attach description of computations)				
LINE NO	DESCRIPTION OF PREMIUM TAX CREDITS ALLOWABLE IN SOUTH CAROLINA	ASSESSMENT DATE	TOTAL ASSESSMENT AMOUNT	TAX CREDIT APPLIED
0601	S.C. Life & Health Guaranty Association Tax Credit		.00	.00
0602	S.C. Life & Health Guaranty Association Tax Credit		.00	.00
0603	S.C. Life & Health Guaranty Association Tax Credit		.00	.00
0604	S.C. Life & Health Guaranty Association Tax Credit		.00	.00
0605	S.C. Life & Health Guaranty Association Tax Credit		.00	.00
0606	S.C. Life & Health Guaranty Association Tax Credit		.00	.00
0607	S.C. Life & Health Guaranty Association Tax Credit		.00	.00
0608	S.C. Life & Health Guaranty Association Tax Credit		.00	.00
0609	S.C. Life & Health Guaranty Association Tax Credit		.00	.00
0610	S.C. Life & Health Guaranty Association Tax Credit		.00	.00
0611	S.C. Health Insurance Pool Tax Credit		.00	.00
0612	S.C. Health Insurance Pool Tax Credit		.00	.00
0613	S.C. Health Insurance Pool Tax Credit		.00	.00
0614	S.C. Health Insurance Pool Tax Credit		.00	.00
0615	S.C. Health Insurance Pool Tax Credit		.00	.00
0621	S.C. Jobs Tax Credit (Credit not to exceed 50% of Schedule 05, Ln 0599)			.00
0631	S.C. Initiative for Child Care Tax Credit (Credit not to exceed 50% of Schedule 05, Ln 0599)			.00
0641	S.C. Palmetto Seed Capital Fund Limited Partnership			.00
0681	S.C. Drip/Trickle Irrigation Systems Credit			.00
0682	S.C. Minority Business Credit			.00
0683	S.C. Water Resources Credit			.00
0684	S.C. Corporate Headquarters Credit			.00
0685	S.C. Infrastructure Construction or Improvement Credit			.00
0686	S.C. Credit for Wages Paid to Employee Terminated Due to Base Closure			.00
0687	S.C. Credit for Hiring AFDC Recipients			.00
0688	S.C. Economic Impact Zone Property Investment Credit			.00
0689	S.C. Scenic Rivers Credit			.00
0698	All Other S.C. Tax Credits			.00
0699	**Total of all Allowable Tax Credits for Year-ending December 31. (Enter credit on Schedule 01, Ln 0150)**			**.00**

COMPANY CODE: **COMPANY:**

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Schedule 07 - Fire Inspection, Fire Department and Fire Maintenance Tax				
LINE NO	DESCRIPTION OF FIRE COVERAGE WRITTEN IN SOUTH CAROLINA	DIRECT NET PREMIUMS WRITTEN (A)	% TXBLE (B)	TAXABLE PREMIUMS A x B = C (C)
0701	Fire (Schedule 04, Ln 01.00, Col. C)	.00	100%	.00
0702	Homeowner / Farmowner (Schedule 04, Ln 03.00 & 04.00, Col. C)	.00	50%	.00
0703	Commercial Multiple Peril Non-Liability (Schedule 04, Ln 05.10, Col. C)	.00	41%	.00
0705	Inland Marine (Schedule 04, Ln 09.00, Col. C)	.00	20%	.00
0706	PP/Comm Auto Phy Damage (Schedule 04, Ln 21.10 & 21.20, Col. C)	.00	15%	.00
0798	**Total Net Fire Premiums Taxable (To Nearest Dollar) Multiply by Fire Inspection/Department/Maintenance Tax Rate**			**.00**
				0.0235
0799	**Total Fire Inspection/Fire Department/Fire Maintenance Tax (To Nearest Dollar) (Enter Tax on Schedule 01, Ln 0107)**			**.00**

Schedule 08 - Distribution of Net Fire Premiums (To Nearest Dollar)								
LINE NO	COUNTY	TAXABLE PREMIUMS	LINE NO	COUNTY	TAXABLE PREMIUMS	LINE NO	COUNTY	TAXABLE PREMIUMS
0801	Abbeville	.00	0817	Dillon	.00	0833	McCormick	.00
0802	Aiken	.00	0818	Dorchester	.00	0834	Marion	.00
0803	Allendale	.00	0819	Edgefield	.00	0835	Marlboro	.00
0804	Anderson	.00	0820	Fairfield	.00	0836	Newberry	.00
0805	Bamberg	.00	0821	Florence	.00	0837	Oconee	.00
0806	Barnwell	.00	0822	Georgetown	.00	0838	Orangeburg	.00
0807	Beaufort	.00	0823	Greenville	.00	0839	Pickens	.00
0808	Berkeley	.00	0824	Greenwood	.00	0840	Richland	.00
0809	Calhoun	.00	0825	Hampton	.00	0841	Saluda	.00
0810	Charleston	.00	0826	Horry	.00	0842	Spartanburg	.00
0811	Cherokee	.00	0827	Jasper	.00	0843	Sumter	.00
0812	Chester	.00	0828	Kershaw	.00	0844	Union	.00
0813	Chesterfield	.00	0829	Lancaster	.00	0845	Williamsburg	.00
0814	Clarendon	.00	0830	Laurens	.00	0846	York	.00
0815	Colleton	.00	0831	Lee	.00	**0899**	**TOTAL****	**.00**
0816	Darlington	.00	0832	Lexington	.00			

****The Total of All County Premiums must equal the Total Net Fire Premiums Taxable computed on Schedule 07 Line 0798.**