

Unauthorized Insurer's Checklist

PLEASE SUBMIT ALL FILINGS AND TAX REMITTANCE TO:
SOUTH DAKOTA DIVISION OF INSURANCE
124 S. EUCLID AVE., 2ND FLOOR
PIERRE SD 57501

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| <p>Company Name: _____</p> <p>NAIC Company Code: _____</p> <p>FEIN _____</p> <p>Company Contact: _____</p> <p>Telephone: _____</p> |
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REQUIRED FILINGS IN THE STATE OF: South Dakota

Filings Made During the Year: _____

Please submit this Checklist with the following:

1. Unauthorized Insurer Business Written & Premium Tax Report
2. Spreadsheet of all policies placed showing the name & address of all South Dakota Licensed Surplus Line Brokers responsible for placing the direct business written on South Dakota resident risks, the name and address of the insured, date effective, policy number and amount of the premium.
3. Schedule T
4. South Dakota State Page