

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
DIVISION OF INSURANCE

124 S. Euclid Ave., 2nd Floor, Pierre, South Dakota 57501
Tel: 605.773.3563 Fax: 605.773.5369 dlr.sd.gov/insurance

SURPLUS LINES INSURER'S CHECKLIST

PLEASE SUBMIT ALL FILINGS AND TAX REMITTANCE TO:

By email: sdinsurance@state.sd.us (PREFERRED METHOD)

By mail: SOUTH DAKOTA DIVISION OF INSURANCE
124 S EUCLID AVE, 2ND FLOOR
PIERRE, SD 57501

Company Name: _____
NAIC Company Code: _____
FEIN: _____
Company Contact: _____
Telephone: _____
Email: _____

REQUIRED FILINGS IN THE STATE OF: South Dakota

Filings Made During the Year: _____

Please submit this Checklist with the following (identifies acceptable format):

1. Surplus Lines Insurer Business Written & Premium Tax Report (.pdf or .doc)
2. Spreadsheet of all policies placed showing the name and 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. (.xls)
3. Schedule T (.pdf)
4. South Dakota State Page (.pdf)