

The new law requires that the assessment against healthcare liability writers (including captive insurers and risk retention groups) must be not less than 2% nor more than 6% of each insurer's net direct written premium. The combined accumulated deficit that the SCMMA must address now exceeds \$105 million.

<p>COMPANY NAME: _____</p> <p>Street Address: _____</p> <p>City, State, Zip: _____</p> <p>Phone: _____</p>	<p style="text-align: center; font-size: 1.2em; font-weight: bold;">QTRLY REMITTANCE</p> <p>Remit No. (NAIC#-Tax Year-Qtr): _____ - _____ - _____</p> <p style="text-align: right;">Remit Date: _____ / _____ / _____</p>
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Assessment Pursuant to S.C. Code § 38-79-220

REMIT TO: SC Medical Malpractice Association (SCMMA)
 550 S. Main Street, Suite 525
 Greenville, SC 29601
 (864) 240-4366

QTY	DESCRIPTION	ASSESSMENT %	AMOUNT
1	Total "healthcare liability" Premiums for tax year and quarter above	n/a	\$ _____
2	Assessment (calculated premiums times assessment %)	_____ %	\$ _____

Make all checks payable to SCMMA

TOTAL \$ _____

Thank you!