South Carolina
Department of Insurance

Capitol Center, 1201 Main St., Suite 1000
Columbia, South Carolina 29201

Mailing Address:
P.O. Box 100105, Columbia, S.C. 29202-3105
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PREMIUM SERVICE COMPANIES

MAXIMUM RATE SCHEDULE

NOTE: TWO COPIES OF THIS FORM MUST BE SUBMITTED WITH ORIGINAL SIGNATURES

_____ _____
Premium Service Company Name License No.

_____ _____
Address Telephone No.

_____
City State Zip

Category	**Maximum Rate or Fee**
1. Initial Charge [38-39-80(d)]	
1a. Premium Service Agreement	$_____ Must not exceed $20 [38-39-80(d)]
1b. Addendum (Additional Financing)	$_____ Must not exceed $20 [38-39-80(d)]
1c. Revision (Renewals)	$_____ Must not exceed $20 [38-39-80(d)]
2. Service Charge [38-39-80 (c) & 38-39-80(e)] **[APPLICABLE TO LOANS FOR PERSONAL, FAMILY OR HOUSEHOLD PURPOSES]**	
2a. Interest Rate Method	_____% of the outstanding balance times the number of monthly installments Must not exceed 1% [38-39-80(e)]
2b. Fixed Dollar Amount Method	$_____ times the number of monthly installments
3. Late Charge [38-39-80(g)] **[APPLICABLE TO LOANS FOR PERSONAL, FAMILY OR HOUSEHOLD PURPOSES]**	$_____
4. Cancellation Charge [38-39-90(c)]	$_____
5. Convenience Fee [38-39-80(h)]	$_____ per transaction

6. First Filing? (Yes/No) _____ If no, give date of last filing: _____

_____
Date

_____
Signature (Officer or Owner)

_____
Name of Officer or Owner (Print)

(SCID 4503 – 11/04)