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# SOUTH CAROLINA DEPARTMENT OF INSURANCE: INSURANCE FRAUD DIVISION ANNUAL REPORT

**South Carolina Department of Insurance**  
1201 Main Street, Suite 1000  
Columbia, South Carolina 29201

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FEBRUARY, 2026

# ANNUAL REPORT – CY 2025



**South Carolina Department of Insurance  
Insurance Fraud Division**

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## **Message from the Director of Insurance**

The Insurance Fraud Division moved to the Department of Insurance after the execution of a Memorandum of Understanding (MOU) among the Department of Insurance, the Attorney General's Office, and the South Carolina Law Enforcement Division (SLED). This agreement, supported by funding from the General Assembly, allowed the Department of Insurance to hire its first Director of the Insurance Fraud Division in September 2021. Since that time, the Division has grown to include a total of eight full-time positions. The Insurance Fraud Division shall continue to operate pursuant to the MOU until legislation makes the change permanent.

Instances of insurance fraud continue to grow in South Carolina. In 2025, the Insurance Fraud Division received its highest-ever number of complaints: a combined total of 5,769 complaints of suspected insurance fraud, a 16.6% increase from the previous year. The Department of Insurance receives these complaints from the National Insurance Crime Bureau (NICB), the National Association of Insurance Commissioners (NAIC), individual insurance companies, and citizens utilizing online complaint forms and the Insurance Fraud Hotline. The complaints from 2025 involve a wide range of insurance products, as further explained in this report.

Despite South Carolina being ranked 23<sup>rd</sup> in population, NICB reported in 2024 (the most recent data available) that our state ranked 15<sup>th</sup> in the country for questionable insurance claims. More importantly, South Carolina continues to be ranked 9<sup>th</sup> in claims involving suspected staged vehicle collisions. This type of fraud poses danger to South Carolina citizens. The people who commit this fraud stage fake car "accidents" for the purpose of making money from insurance claims. To increase the profit from these claims, the perpetrators pack the vehicles with passengers, sometimes including children, to inflate potential claims for bodily injury. In many cases, everyone involved in the "collision" is a knowing participant in the fraud. Unfortunately, perpetrators in other cases intentionally cause collisions with innocent and unsuspecting drivers. These schemes take advantage of emergency services and divert life-saving resources from people truly in need. Ultimately, this criminal fraud activity affects the safety of our roads while increasing the cost of insurance premiums paid by South Carolinians.

A recent study conducted by the Colorado State University Global White Collar Task Force, in partnership with the Coalition Against Insurance Fraud, estimates that the annual cost of insurance fraud in the United States is approximately \$308 billion. When broken down per capita, South Carolina's share of that cost is \$4.9 billion. Proportionally, the cost of insurance fraud per adult in South Carolina is estimated to be approximately \$1,184 every year.

Another study conducted by the Coalition Against Insurance Fraud and Verisk, entitled “Who Me?: Who Commits Insurance Fraud and Why”, has revealed some startling societal trends regarding insurance fraud. This national survey shows that an increasing number of people, particularly younger adults, fail to recognize insurance fraud as a crime or are motivated to commit insurance fraud when they learn that someone they know has done so. The trends identified in this study, combined with the ever-increasing number of insurance fraud complaints, illustrate the need for additional resources in South Carolina to combat insurance fraud. Therefore, over the next several years, the Department of Insurance plans to seek additional resources and personnel for the Insurance Fraud Division and SLED in order to bring South Carolina in line with its neighboring states in the fight against insurance fraud. These additional resources are necessary to address the current investigative and prosecutorial bottlenecks created by complaint volume that significantly exceeds the Division’s current staffing capacity.

The Department of Insurance recognizes the scope of insurance fraud in South Carolina and the harm caused by these crimes. Insurance fraud is not a victimless crime – it puts people in danger, diverts finite resources, and increases costs affecting every citizen of our state. The Department of Insurance remains dedicated to combating insurance fraud and will continue to support the Insurance Fraud Division in the years ahead in its efforts to enhance deterrence and awareness.

Sincerely,



Michael Wise  
Director of Insurance

## **A Message from the Insurance Fraud Division**

The Insurance Fraud Division was established by the Omnibus Insurance Fraud and Reporting Immunity Act in 1994. This Act created the Division within the Office of the Attorney General to prosecute insurance fraud throughout the State. The Act further requires the South Carolina Law Enforcement Division (SLED) to investigate allegations of insurance fraud. In 2021, the Office of the Attorney General, SLED, and the Department of Insurance executed a Memorandum of Understanding to relocate the Insurance Fraud Division to the Department of Insurance. Legislation was pre-filed in December 2025 to codify the relocation of the Insurance Fraud Division from the Office of the Attorney General to the Department of Insurance. The Department of Insurance, The Office of the Attorney General, and SLED all support this codification.

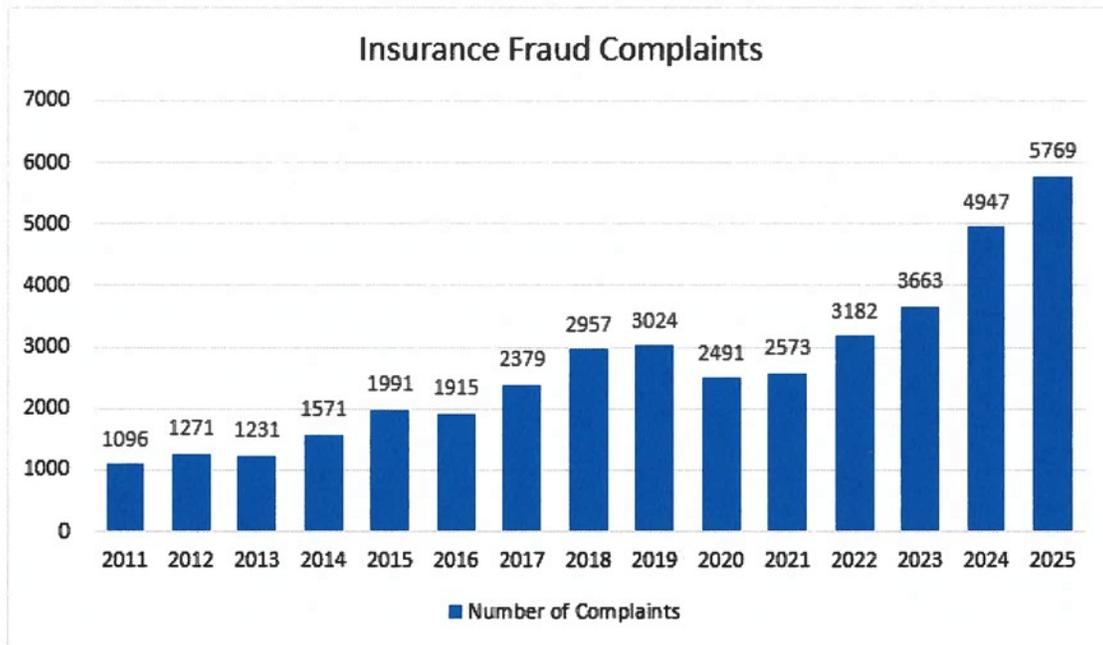
Pursuant to the current agreement, the Attorney General appoints certain attorneys, hired by the Department of Insurance, as Special Assistant Attorneys General to prosecute insurance fraud related crimes under the general supervision and control of the Attorney General. SLED continues to investigate insurance fraud as a partner with the Insurance Fraud Division. The Department of Insurance employs and houses the staff of the Insurance Fraud Division. The Department of Insurance also provides office space and equipment for SLED's insurance fraud investigators and their supervising captain and lieutenant to facilitate the partnership between the investigators and the prosecutors.

In 2025, the Insurance Fraud Division continued to deal with the reality of employee turnover. The Division began 2025 with an attorney vacancy. A second attorney vacancy occurred in the Spring. The Division successfully recruited two experienced attorneys to fill the vacancies by August 2025. Over the summer, the Division also hired two temporary law clerks, one from each of this State's law schools, to assist the attorneys with legal work and case screening. Both law clerks worked throughout the summer and the fall semester to provide much needed assistance while gaining invaluable experience in both insurance and criminal law. Although the Insurance Fraud Division remains fully staffed at the end of 2025, it is apparent that both DOI and SLED need additional resources and personnel. Despite this challenge, the Insurance Fraud Division will continue to identify, investigate, and prosecute the growing number of insurance fraud crimes in the State of South Carolina.

Unfortunately, at the end of 2024, (the latest data available) still ranked in the top ten of states with the highest number of questionable claims related to staged automobile accidents. These cases pose a serious problem for the citizens of South Carolina. Artificial property and injury claims create a higher area of risk for insurance carriers who are forced to pass the cost on to South Carolina's consumers in the form of higher premium payments. More importantly, staged accidents often involve innocent and unsuspecting drivers and passengers who do not know that criminals are going to intentionally collide with their vehicles. This type of fraud places both the criminals and victims at serious risk of bodily

injury or death. Prosecuting cases involving staged automobile accidents, particularly those involving organized ring activity, continues to be a high priority for the Division.

According to the National Insurance Crime Bureau, South Carolina ranked 15<sup>th</sup> in the nation for the number of questionable claims received in 2024 compared to 16<sup>th</sup> in 2023. In 2024, the Insurance Fraud Division received a record high of 4,947 complaints. Now, 2025 marks the fourth consecutive record-breaking year with **5,769 complaints** received.



Late in 2023, the Insurance Fraud Division began to receive a growing number of complaints concerning a particular type of fraud by insurance agents. This emerging trend involves allegations of agents attempting to earn undeserved commissions, bonuses, and other benefits by improperly signing up consumers for insurance coverage or changing the consumer’s insurance plans and other data, particularly in connection with the Affordable Care Act Health Insurance Marketplace. These acts are carried out without the permission or knowledge of the consumers and often involve the input of false information and the misuse of personal information. In the context of health coverage, this conduct has the potential to prevent consumers from receiving medical treatment due to unauthorized insurance changes affecting coverage and co-pays. In some situations, this type of fraud can also result in consumers being wrongfully qualified or disqualified for plans or benefits, including Medicaid.

In 2024, the Insurance Fraud Division identified 1,107 complaints related to this rising fraud trend. Many of these complaints potentially involve insurance brokers or agents who are located outside South Carolina while the affected consumer resides within the state. In

other situations, the broker or agent may be in South Carolina, and the affected consumer may be living in another state. This creates numerous complications related to determining the appropriate jurisdiction and investigating agency for these cases. After discussions with representatives of insurance fraud bureaus from numerous states, this type of fraud was determined to be a national issue.

In 2025, the federal Centers for Medicare and Medicaid Service (CMS) instituted new safeguards intended to prevent, or at least reduce, this fraudulent activity. This year the Insurance Fraud Division received fewer than 300 complaints related to this activity. This significant reduction suggests that the changes made by CMS are having at least a short-term positive effect. In 2026, the Insurance Fraud Division will continue to coordinate and collaborate with SLED, federal authorities, other South Carolina state agencies, and our counterparts in other states to monitor this trend and take appropriate action.

We recognize that insurance fraud is not a victimless crime. Every consumer paying higher insurance premiums to recoup the money lost to fraud is a victim. Every innocent driver and passenger who is harmed by a staged collision is a victim. Every person or business forced to absorb the cost of a loss when an uninsured contractor presents a false certificate of insurance is a victim. The Insurance Fraud Division remains dedicated to fighting insurance fraud throughout this state.

We would like to thank the private citizens, insurance professionals, and members of law enforcement who reported cases of suspected insurance fraud in 2024 (the latest data available). We also thank the investigators and other insurance professionals who investigate these cases. Without their work and assistance, the fight against insurance fraud would be nearly impossible. We also thank the National Insurance Crime Bureau (NICB), the Coalition Against Insurance Fraud, the South Carolina Chapter of the International Association of Special Investigative Units (IASIU), the South Carolina Insurance Association, and the Independent Insurance Agents & Brokers of South Carolina for partnering with our office and for their work in raising the awareness of insurance fraud.

Respectfully,



Joshua R. Underwood  
Special Assistant Attorney General  
Director, Insurance Fraud Division

## **Partner Outreach**

The Insurance Fraud Division has continued to conduct outreach efforts with its industry partners in the fight against insurance fraud. The Insurance Fraud Division cannot effectively fulfill its mission to investigate and prosecute insurance fraud crimes without the diligence and cooperation of the insurance industry. To continue fostering effective working relationships with the investigators from the various insurance companies, the Insurance Fraud Division hosted its first Insurance Fraud Forum in March 2024. This forum created an opportunity for the prosecutors and staff of the Division to meet in one room with partners from SLED, NICB, and insurance company investigators to discuss insurance fraud trends, the status and actions of the Division, the general state of investigations and practices in the insurance industry. The group also discussed ways to continually improve collaboration between all parties to prevent, identify, and respond to insurance fraud in South Carolina.

Based on the success of this Forum, a second Forum was held in November 2024 and a third was held in May 2025. Those in attendance provided very positive feedback about the effectiveness of all three meetings. In November 2025, the Division hosted a virtual Insurance Fraud Forum to allow an opportunity for insurance representatives responsible for work in South Carolina but located in other states to participate as well. This virtual



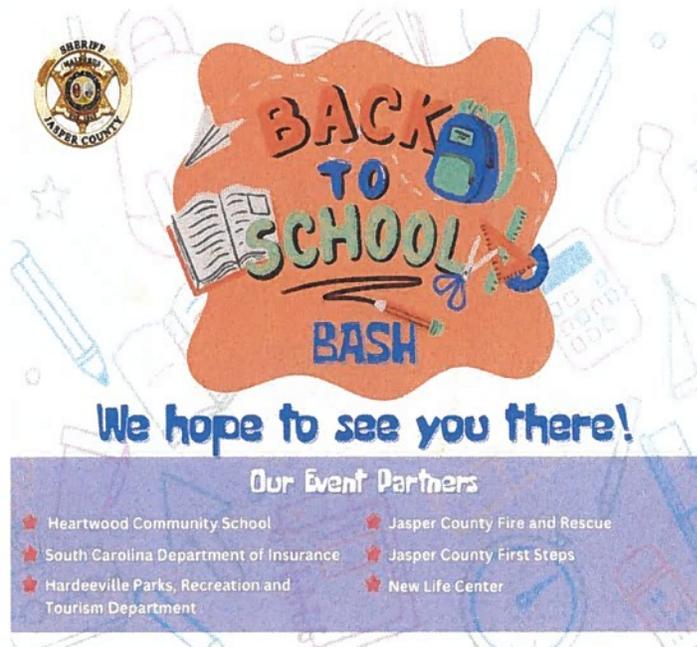
Members of the Insurance Fraud Division, SLED agents, representatives from NICB, and insurance investigators meet at the SCDOI for the Insurance Fraud Forum in May 2025.

meeting was also successful as it allowed input from individuals who could not be present in person. Therefore, the Insurance Fraud Division plans to host at least one in-person and at least one virtual Insurance Fraud Forum in 2026.

As a follow up to the virtual forum, the Director of the Insurance Fraud Division was invited to speak to a group of investigators at a training meeting of the South Carolina chapter of the International Association of Special Investigative Units. During the meeting, issues concerning ethical investigation tactics and best practices were discussed.

**Public Outreach**

In 2025, the Insurance Fraud Division participated in various county events, extending its efforts to previously unreached areas of the state. In April, the Insurance Fraud Division represented the Department of Insurance at the well-attended Cheraw Spring Festival in Chesterfield County. This provided an excellent opportunity to meet with members of the community and provide educational information about insurance fraud and how it affects their community.



The Division also sent a representative to the Jasper County Back to School Bash, hosted by the Jasper County Sheriff’s Office in July. We handed out school supplies and talked with locals about how the Department of Insurance and the Insurance Fraud Division serves the citizens of South Carolina.

Insurance Fraud Division consumer outreach efforts will continue into 2026.

## Government Interactions

### **Workers Compensation Commission**

In September 2025, Joshua Underwood, the Director of the Insurance Fraud Division, was invited to speak to the Workers' Compensation Commission. During this presentation, Mr. Underwood described the operation of numerous fraudulent schemes related to workers' compensation claims and premiums. He also explained how to recognize and report workers' compensation fraud to the Insurance Fraud Division. After the formal presentation, Mr. Underwood and the commissioners held a fruitful discussion on how the two agencies can better work together to fight fraud in the future.

### **South Carolina House of Representatives**

As a state agency, the Department of Insurance has regular contact with General Assembly. In 2025, two opportunities arose for extensive discussion about insurance fraud. Each state agency undergoes periodic reviews as part of the regular legislative oversight process. As part of this year's process, the Department of Insurance made numerous appearances before the House Government Efficiency and Legislative Oversight Committee. One of these sessions was dedicated to discussion of what insurance fraud is, how it affects the State of South Carolina, the work being done by the Insurance Fraud Division, and what additional resources are needed to better fight insurance fraud in our state.

A second opportunity to inform the General Assembly about the problems posed by insurance fraud arose when the Insurance Fraud Division and its SLED partners were asked to appear before the Rate Review *Ad Hoc* Committee. The Director of Insurance, the Director of the Insurance Fraud Division, SLED, and insurance industry representatives were given the opportunity to explain insurance fraud and its cost effects on consumers. At the request of both committees, the Department of Insurance made several recommendations for legislative changes and additional resources to better combat insurance fraud in South Carolina.

Joshua Underwood, Director of the Insurance Fraud Division, and Captain Jeremy Smith, supervisor of SLED's Insurance Fraud Unit, make a joint presentation to the House Rate Review *Ad Hoc* Committee on June 11, 2025.



## **Notable Cases**

### ***State v. James Bradley***

On or about January 25, 2023, James Bradley presented a false automobile theft claim for a 2021 Dodge Charger Hellcat, knowing that the vehicle had not been stolen in order to obtain an underserved economic benefit in excess of \$100,000. The vehicle was later recovered by the Sumter Police Department at the Sumter Fair Grounds and was still under the defendant's custody and control. This action occurred within Sumter County, SC.

Mr. Bradley pled guilty in Sumter County General Sessions Court to Presenting False Claim for Insurance Payment, a felony, on December 15, 2025. He was sentenced to five years' probation and ordered to pay restitution in the amount of \$60,036.87 to State Farm. As part of the plea agreement, Mr. Bradley paid \$20,000 of that amount at the plea hearing. The insurance company received the remainder of the claim payment through a salvage auction after the vehicle was recovered.

### ***State v. Quinton Lawson***

On August 21, 2025, Quinton Lawson pled guilty, in Lexington County, to Filing False Claims for Payment and Filing a False Police Report of a Felony. On the evening of January 7, 2024, Quinton Lawson was involved in a hit and run collision which ultimately resulted in the death of another motorist. In an attempt to avoid liability for the collision, Lawson left the scene of the collision and abandoned his vehicle in Lexington County. Lawson then falsely reported to the Richland County Sheriff's Department that his vehicle was stolen in Richland County. Subsequently, Lawson also pursued a false insurance claim for the fictitious theft of the vehicle. Cell phone records later established that Lawson was with the vehicle at the time of the collision and when the vehicle was abandoned in Lexington County while establishing that he was not at the alleged theft location with the vehicle as he had claimed. Lawson was sentenced to 5 years in prison suspended upon 371 days of time already served and 3 years of probation. Other charges relating to the actual collision were prosecuted by the Solicitor's Office.

### ***State v. Christopher Buchanan, Jr.***

On or about May 5<sup>th</sup>, 2022, Christopher Buchanan, Jr. claimed that more than \$30,000 worth of jewelry was stolen from his vehicle during an auto break-in incident in Richland County. The claim included the alleged theft of a customized Rolex wristwatch. During the claims process, Buchanan sent a picture of the watch to his insurance company to prove ownership and value of the watch. Upon examination of the photograph, the metadata proved that the photograph was taken, and that the watch was still in Buchanan's possession, AFTER the alleged theft was to have occurred. The claim was denied due to fraud. Buchanan pled guilty to Presenting False Claims for Payment in Richland County and paid a \$5,000 fine on December 18, 2025.

***State v. Kimberly Johnson***

Kimberly Johnson was charged on November 13, 2024, with three counts of presenting false claims for insurance payment with a value of \$10,000 or more, and eight counts of forgery with a value of \$10,000 or more in Williamsburg County. The matters were commenced after fraud allegation was received from Allstate Insurance Co. After SLED investigation, it was determined that Johnson submitted at least three fraudulent insurance claims by submitting forged medical documentation. On December 17, 2025, Johnson entered a guilty plea and was sentenced to a term of five years on probation and ordered to pay \$21,000 in restitution.

***State v. Justin Martinez***

Justin Martinez was charged on June 8, 2023, with presenting false claims for insurance payment in Sumter County after SLED investigators determined he had participated in a fraudulent insurance claim with others, including Gregory Vaughn. The claim was based on a staged vehicle collision and was part of an organized insurance fraud scheme orchestrated by Vaughn. Martinez was listed as the driver on the police report in the staged collision and participated in the claim by reporting the claimed facts to Liberty Mutual Ins. Co. On January 15, 2025, Martinez entered a guilty plea and was sentenced to five years suspended to five years on probation and was ordered to pay restitution in an amount in excess of \$31,000, jointly and severally with his co-defendants.

***State v. Neviell Wright***

Nevell Wright was charged on March 31, 2023, with presenting false claims for insurance payment in Sumter County after SLED investigators determined he had participated in a fraudulent insurance claim with others, including Gregory Vaughn. The claim was based on a staged vehicle collision and was part of an organized insurance fraud scheme orchestrated by Vaughn. Wright participated as a passenger in the staged collision and participated in the claim by presenting false claims for lost wages and bodily injury. On January 15, 2025, Wright entered a guilty plea to the charge and was sentenced to five years suspended to five years on probation and was ordered to pay in excess of \$57,000 in restitution, jointly and severally with his co-defendants.

***State v. Frank Williams***

Frank Williams was charged on February 21, 2023, with presenting false claims for insurance payment in Sumter County after SLED investigators determined he had participated in a fraudulent insurance claim with others, including Gregory Vaughn. The claim was based on a staged vehicle collision and was part of an organized insurance fraud scheme orchestrated by Vaughn. Williams was listed as the driver of the vehicle at the time of the staged collision and later participated in the fraudulent claim with USAA by reporting the facts and claiming bodily injury. On January 15, 2025, Wright entered a guilty plea to the charge and was sentenced to three years suspended to five years on probation and was ordered to pay in excess of \$37,000 in restitution, jointly and severally with his co-defendants.

***State v. Christopher Plowden***

Christopher Plowden was charged on March 31, 2023, with presenting false claims for insurance payment in Sumter County after SLED investigators determined he had participated in a fraudulent insurance claim with others, including Gregory Vaughn. The claim was based on a staged vehicle collision and was part of an organized insurance fraud scheme orchestrated by Vaughn. Plowden provided his vehicle for use in the staged collision and thereafter participated in the fraudulent claim for the property damage to his vehicle, which was caused intentionally at a private residence for purposes of the staged collision and claim. On March 11, 2025, Wright entered a guilty plea to the charge and was sentenced to five years suspended to five years on probation and was ordered to pay in excess of \$37,000 in restitution, jointly and severally with his co-defendants.

***State v. Shamaria Vanburen***

On June 26, 2025, Shamaria Vanburen was sentenced in the Sumter County on multiple charges of Presenting False Claims for Payment and Money Laundering. Vanburen assisted her codefendant, Tyburious Heyward, in a staged accident insurance fraud ring. Heyward orchestrated this insurance fraud ring and recruited dozens of individuals to participate as drivers and passengers in intentional automobile collisions to collect insurance payouts for nonexistent injuries from multiple insurance companies. Heyward directed his co-conspirators to seek unnecessary medical treatment for specific, subjective injuries and symptoms. Heyward also provided and directed the use of false medical, residency, identity, and lost wages documents throughout the claims processes. In addition to providing co-conspirators with scripts of what to say during medical visits and when dealing with insurance company representatives, Heyward would often impersonate other individuals.

These staged accidents took place in various parts of South Carolina including Florence, Charleston, Lexington, Columbia, and Sumter. Regardless of where the collisions occurred, the insurance claim activity primarily took place in Sumter County. Often these staged accidents occurred with both drivers of two vehicles being involved in the scheme to intentionally collide with each other. However, in some incidents one driver who was involved in the conspiracy would intentionally collide with an unsuspecting driver's vehicle. Fortunately, no innocent drivers or passengers were seriously injured. In addition to directly participating in staged accident and fraudulent insurance claim activity, Vanburen further assisted Heyward by coordinating claim activities while Heyward was incarcerated. Vanburen also assisted Heyward by accepting and disguising insurance payouts.

Vanburen was sentenced as a Youthful Offender to no more than 6 years imprisonment, suspended upon the service of 5 years of probation and payment of approximately \$49,000 in restitution. Heyward was convicted and sentenced in 2024 to 8 years of active time in prison to be followed by an additional 10 years that will be suspended upon the service of probation and payment of approximately \$436,000.00 in restitution.

## **Status of Cases**

	<b>2023</b>	<b>2024</b>	<b>2025</b>
Complaints received	3,663	4,947	5,769
Complaints referred to SLED for investigation	184	250	228
Complaints resolved by consent agreement (MOU)	9	45	30
Complaints referred to other agencies	99	67	114
Complaints declined for prosecution (includes complaints from prior years)	3,321	3,944	5,898
Complaints Related to Healthcare Market Place Unauthorized Transfers*	n/a	1,107	252
Complaints pending at end of year**	1,673	1,207	464**

\*These complaints have been initially reviewed. Due to the large scale and nature of these complaints, the Insurance Fraud Division is coordinating with SLED, Federal, and other authorities to determine the appropriate jurisdiction(s) and investigative resources to address this growing problem. Although these complaints are still pending, they are categorized separately due to the temporary status of the complaints.

\*\* The number of complaints pending at the end of 2025 also accounts for 5 matters pending a consent agreement (MOU), 4 matters that were reopened from prior years, and 1 matter investigated by a law enforcement agency other than SLED.

### **Other Actions by the Insurance Fraud Division**

	<b>2023</b>	<b>2024</b>	<b>2025</b>
Requests for Information (RFI)	741	672	682
Target Letters sent	21	174	135
Outreach Events	n/a	16	6

### **Matters Related to SLED**

	<b>2023</b>	<b>2024</b>	<b>2025</b>
Complaints referred to SLED for investigation	184	291	228
Cases opened by SLED	157	152	268
Cases closed by SLED	43	103	124
Arrests by SLED in 2025	43	71	43
Cases under investigation by SLED as of December 31 <sup>st</sup> **	78	142	164

\*\*SLED may consolidate multiple complaints into single investigations when appropriate on a case-by-case basis. Multiple arrests can also originate from a single investigation.

### **Insurance Fraud Division Case Files**

	<b>2023</b>	<b>2024</b>	<b>2025</b>
Arrests by SLED	43	71	43
Arrests by other law enforcement agencies	2	5	7
Defendants resolved by MOU	9	1	2
Defendants convicted in General Sessions Court	11	34	25
Defendants convicted in Magistrate/Municipal Court	n/a	1	n/a
Cases Dismissed by Prosecutor	2	3	4
Total Cases Closed	22	39	31
Cases Pending as of December 31 <sup>st</sup>	76	113	126

### **Civil and Criminal Fines Ordered and/or Collected**

<b>Source of Fines</b>	<b>2023 Amount</b>	<b>2024 Amount</b>	<b>2025 Amount</b>
Civil Fines Collected by Consent (MOU)	\$6,250.00	\$40,700.00	\$29,600.00
Civil Fines Collected Pursuant to Court Order	\$6,000.00	\$18,000.00	\$11,550.00
<b>Total Civil Fines Collected</b>	<b>\$12,250.00</b>	<b>\$60,700.00</b>	<b>\$41,150.00</b>
<b>Total Court Ordered Criminal Fines</b>	<b>\$5,250.00</b>	<b>\$2,000.00</b>	<b>\$0.00</b>
<b>Total Civil &amp; Criminal Fines</b>	<b>\$17,500.00</b>	<b>\$62,700.00</b>	<b>\$41,150.00</b>

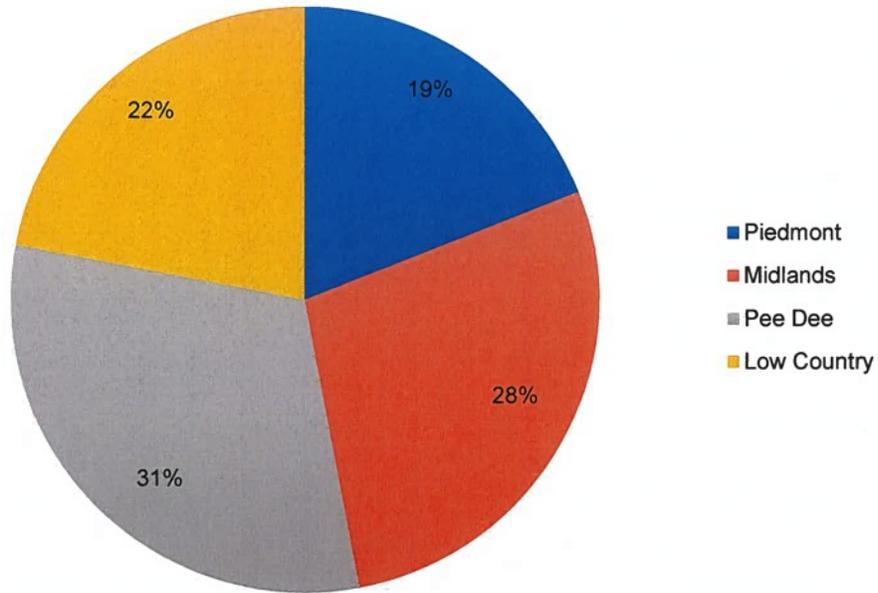
### **Restitution Ordered or Collected**

<b>Restitution</b>	<b>2023 Amount</b>	<b>2024 Amount</b>	<b>2025 Amount</b>
Restitution Ordered by Court	\$82,500.00	\$1,025,964.92	\$331,779.72
Restitution Paid Outside of Court or Probation***	\$78,344.16	\$32,477.40	\$26,000.00
<b>Total Restitution</b>	<b>\$160,844.16</b>	<b>\$1,058,442.32</b>	<b>\$337,779.72</b>

\*\*\* This amount includes payments collected by the Insurance Fraud Division that may also be credited to court-ordered restitution.

### 2025 Cases Opened by SLED by Region

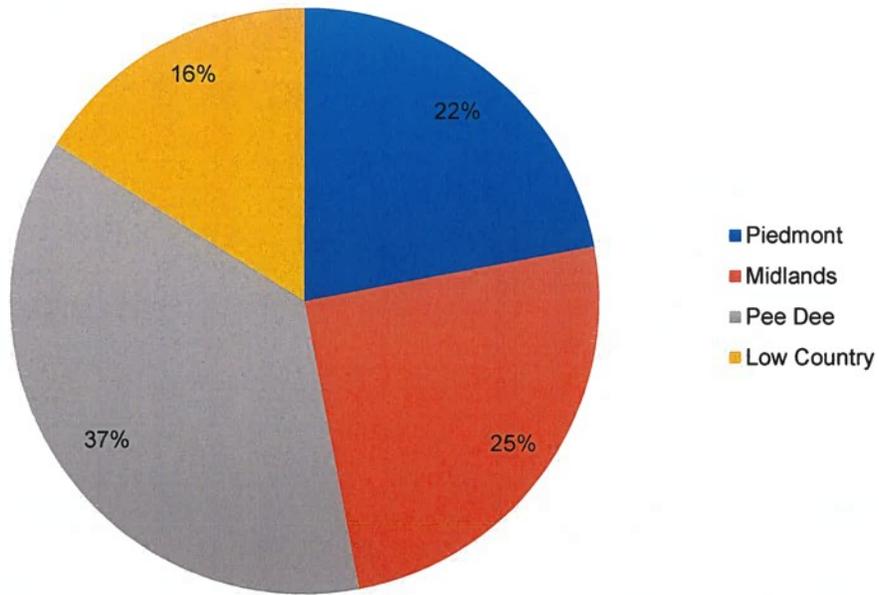
Referrals are sent to the South Carolina Law Enforcement Division (SLED) to determine if a complaint meets the elements of an insurance fraud crime. During 2025, SLED opened 268 cases deeming them necessary for further investigation. As the chart below indicates, these cases were received from all areas of the state:



Region	Number of Cases	Percent of Total
Piedmont	51	19%
Midlands	75	28%
Pee Dee	82	31%
Low Country	60	22%
<b>Total</b>	<b>268</b>	

### 2025 SLED Arrests by Region

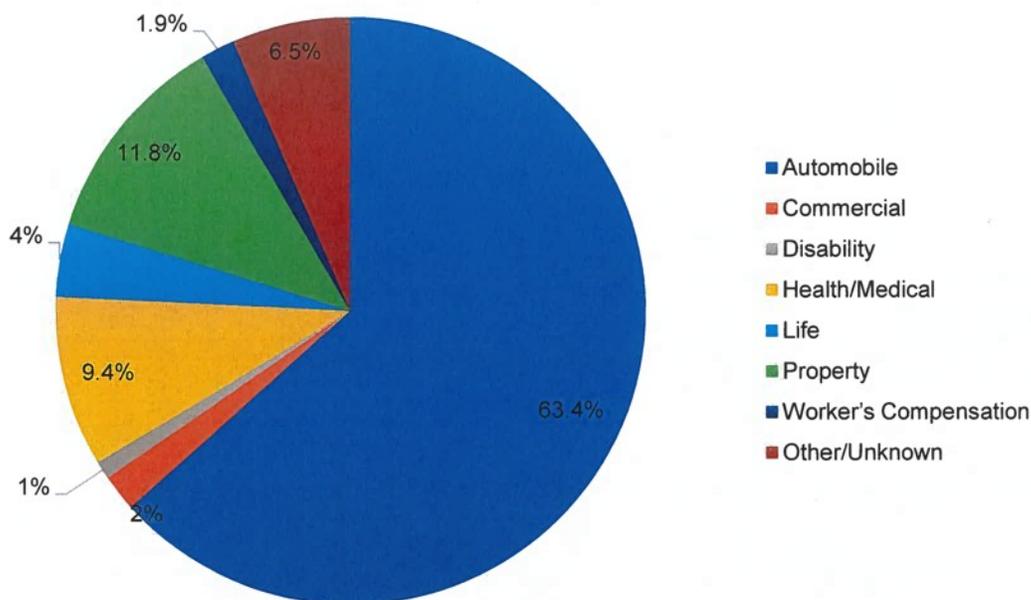
During 2025, the South Carolina Law Enforcement Division (SLED) made 43 arrests related to insurance fraud. As the chart below indicates, these arrests were carried out in all areas of the state:



Region	Number of Arrests	Percent of Total
Piedmont	9	22%
Midlands	11	25%
Pee Dee	16	37%
Low Country	7	16%
<b>Total</b>	<b>43</b>	

## 2025 Complaints Received by Type of Fraud

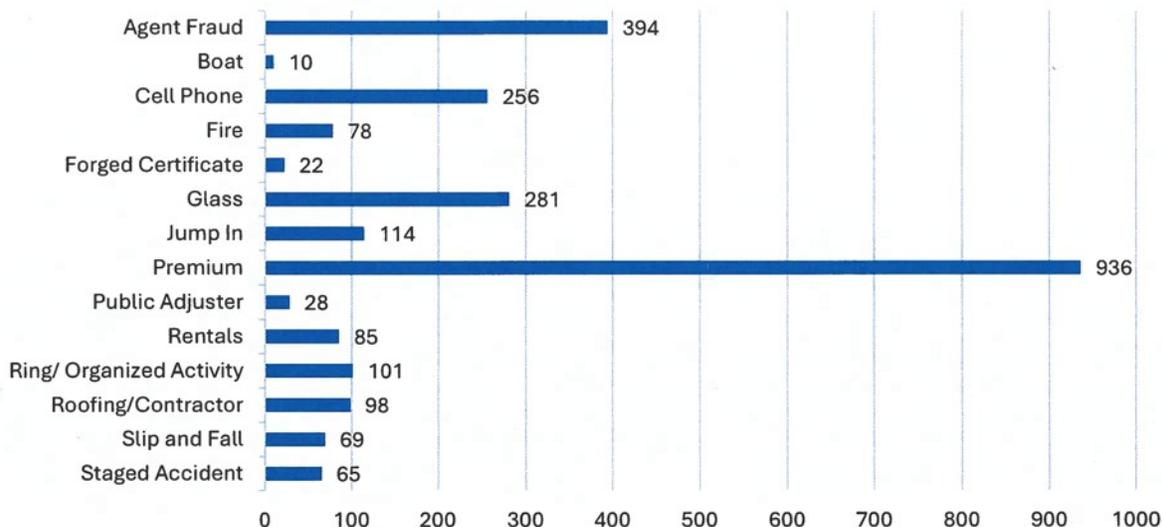
The fraud complaints received during 2025 by the Insurance Fraud Division consisted of the following types of fraud:



Type of Fraud	Number of Complaints	Percent of Total
Automobile	3,657	63.4%
Commercial	118	2%
Disability	51	1%
Health/Medical	543	9.4%
Life	233	4%
Property	683	11.8%
Worker's Compensation	107	1.9%
Other/Unknown	377	6.5%
<b>Total</b>	<b>5,769</b>	

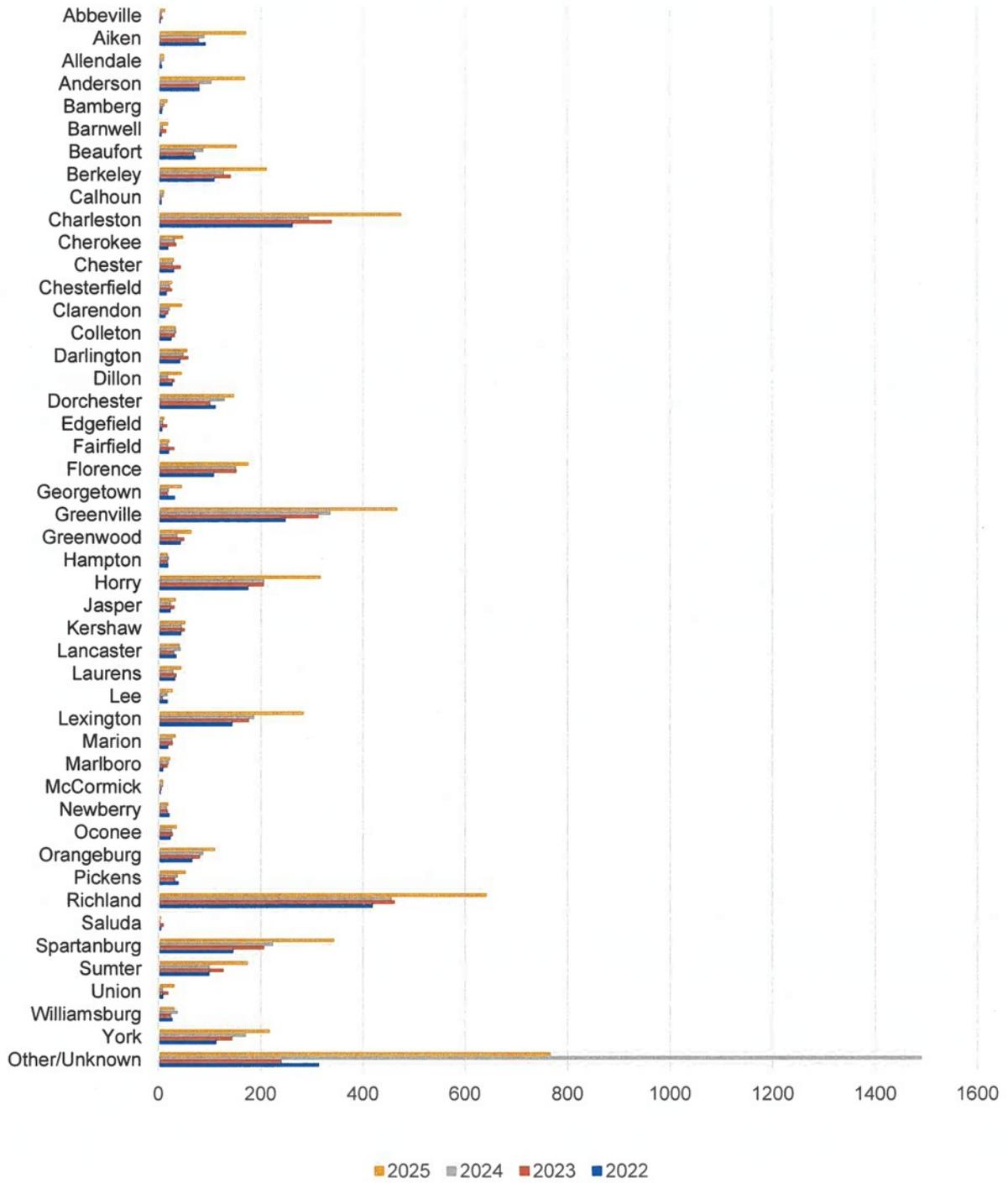
## 2025 Complaints Received by Type of Scheme

The fraud complaints received during 2025 by the Insurance Fraud Division included the following common types of schemes:

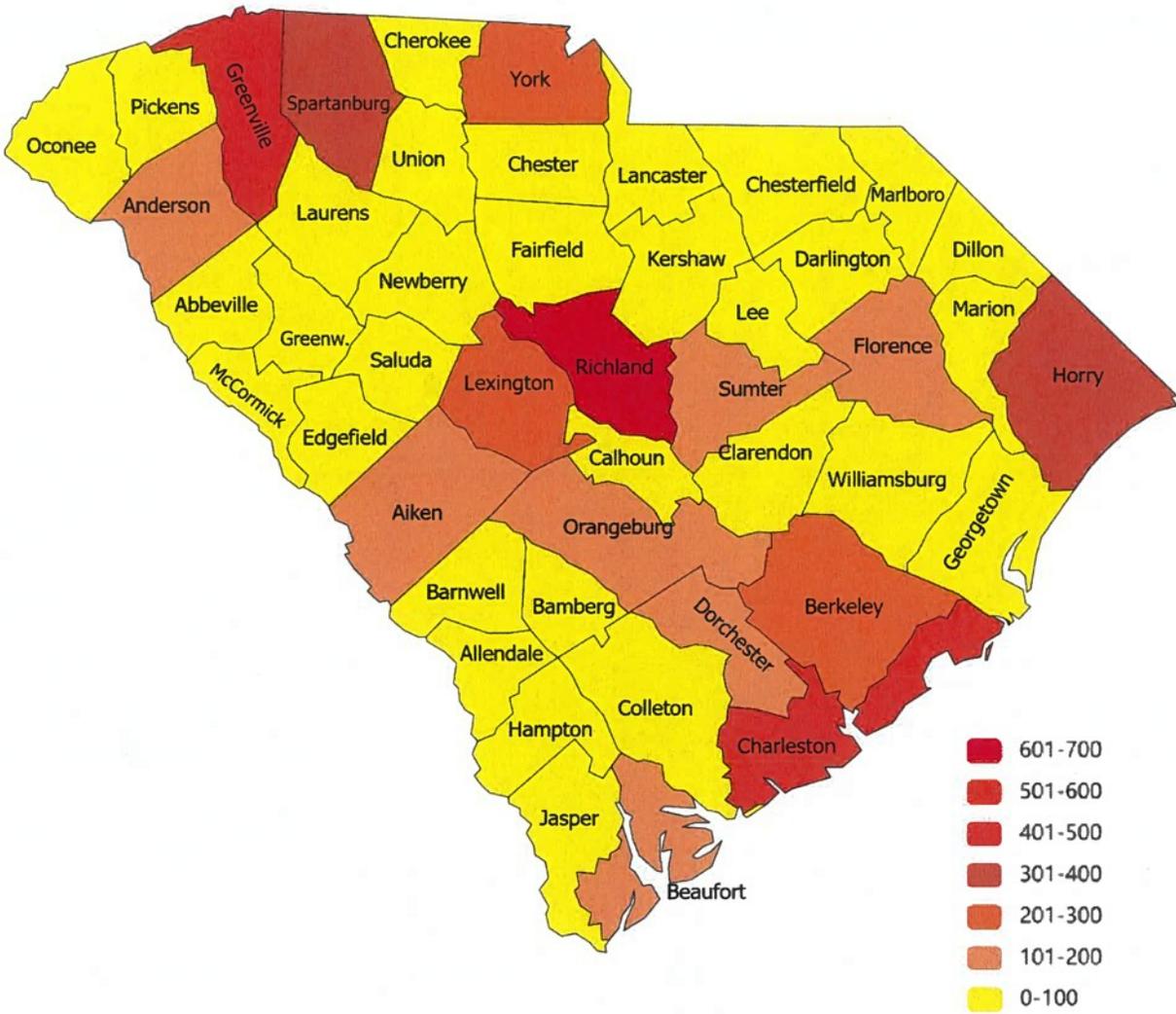


Type of Scheme	Number of Complaints
Agent	394
Boat	10
Cell Phone	256
Fire	78
Forged Certificate	22
Glass	281
Jump In	114
Premium	936
Public Adjuster	28
Rentals	85
Ring/Organized Activity	101
Roofing/Contractor	98
Slip and Fall	69
Staged Accident	65

## County Comparison 2022-2025



**2025 Complaints by County**



## 2025 Complaint Detail by County

County	Automobile	Commercial	Disability	Health/ Medical	Life	Property	Workers' Compensation	Other/ Unknown	Total
Abbeville	12	0	0	0	0	1	0	0	13
Aiken	107	2	1	6	6	25	2	22	171
Allendale	8	0	0	1	1	0	0	1	11
Anderson	96	1	3	3	13	42	2	9	169
Bamberg	10	0	0	0	0	2	0	5	17
Barnwell	14	0	0	0	0	3	0	1	18
Beaufort	108	2	2	4	3	18	7	8	152
Berkeley	147	2	2	2	8	32	4	14	211
Calhoun	7	0	0	0	2	2	0	0	11
Charleston	336	16	3	14	10	39	8	49	475
Cherokee	30	0	1	2	3	8	1	3	48
Chester	20	5	0	2	0	3	0	0	30
Chesterfield	18	0	2	0	5	0	0	1	26
Clarendon	26	1	0	3	3	13	0	0	46
Colleton	24	1	0	1	0	2	1	5	34
Darlington	32	2	2	2	5	5	2	6	56
Dillon	38	2	1	1	1	2	0	0	45
Dorchester	99	1	0	7	10	13	3	14	147
Edgefield	10	0	0	0	0	1	0	0	11
Fairfield	18	0	0	0	1	1	0	1	21
Florence	126	1	3	4	8	14	4	15	175
Georgetown	32	0	0	3	1	3	1	5	45
Greenville	288	14	7	18	15	74	10	41	467
Greenwood	50	0	0	2	2	7	2	1	64
Hampton	16	0	1	0	0	0	0	0	17
Horry	214	8	0	18	12	36	4	24	316
Jasper	25	1	0	1	1	1	2	3	34
Kershaw	38	1	1	0	4	6	1	1	52
Lancaster	25	1	1	1	2	10	1	0	41
Laurens	33	0	2	0	1	5	1	2	44
Lee	20	0	0	0	0	6	0	1	27
Lexington	172	2	4	9	14	53	10	19	283
Marion	25	3	0	3	1	2	0	0	34
Marlboro	19	0	1	1	0	1	0	0	22
McCormick	8	0	0	0	1	0	0	0	9
Newberry	14	0	0	1	1	2	0	1	19
Oconee	27	1	1	1	0	3	1	2	36
Orangeburg	82	3	1	7	3	7	0	7	110
Pickens	30	1	0	5	2	10	1	4	53
Richland	437	15	6	15	17	112	9	31	642
Saluda	4	0	0	0	1	0	0	0	5
Spartanburg	223	15	0	10	14	42	14	25	343
Sumter	114	6	0	0	7	32	2	13	174
Union	24	0	0	2	0	2	1	2	31
Williamsburg	22	0	1	0	2	4	1	1	31
York	150	7	2	9	10	27	5	7	217
Unknown/Out of State	279	4	3	385	43	12	7	33	766
<b>Total</b>	<b>3657</b>	<b>118</b>	<b>51</b>	<b>543</b>	<b>233</b>	<b>683</b>	<b>107</b>	<b>377</b>	<b>5769</b>