

**Virginia
Schedule 844**

**Statement of Exemption
Mutual Assessment
Property & Casualty Insurers**



| | | |
|--------------|------|----------------|
| Company Name | FEIN | NAIC/License # |
|--------------|------|----------------|

I certify that the company named above is exempt from paying the Insurance Premiums License Tax on direct premium income as prescribed in *Va. Code § 58.1-2502*. This company operates in the counties and/or cities shown below (please indicate the corresponding population):

| COUNTIES / CITIES |
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| POPULATION |
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Under penalty of perjury, I declare that I have examined this report and to the best of my knowledge and belief, it is true, correct, and complete.

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|----------------------|--------------|-------|------|
| Signature of Officer | Printed Name | Title | Date |
|----------------------|--------------|-------|------|

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|-----------------|------------------------------|-------------------------|
| Preparer's Name | Preparer's FEIN / PTIN / SSN | Preparer's Phone Number |
|-----------------|------------------------------|-------------------------|