

**2025 Virginia
Schedule 800RET**

Retaliatory Tax Report



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

| Section A – Additions to Direct Premiums Written | Column A Virginia Basis | Column B Basis for State of Domicile as of 12/31/25 <div style="border: 1px solid black; height: 20px; width: 100%; margin: 5px 0;"></div> <small>(Enter State Abbreviation)</small> |
|--|----------------------------|---|
| 1. Insurance Premiums License Tax Column A: Enter amount from Form 800, Line 9. Column B: Enclose documentation to support the computation..... | .00 | .00 |
| 2. Annuity or Fire Marshall Tax (Premium) _____ .00 | | .00 |
| 3. Workers' Compensation Tax (Column A only) | .00 | |
| 4. Company License or Certificate of Authority Fee | | .00 |
| 5. Annual Corporation Registration Fee | .00 | .00 |
| 6. Annual Statement Filing / Abstract / Publication Fee..... | | .00 |
| 7. Fee for Safekeeping Deposit..... | .00 | .00 |
| 8. Corporation Permit Tax | | .00 |
| 9. Capital Stock Tax | | .00 |
| 10. Assessment for Maintenance of Bureau of Insurance..... | .00 | .00 |
| 11. Fire Programs Fund Assessment | .00 | .00 |
| 12. Flood Fund Assessment..... | .00 | .00 |
| 13. HEAT Fund Assessment..... | .00 | .00 |
| 14. Fraud Fund Assessment..... | .00 | .00 |
| 15. MCHIP Fund Assessment | .00 | .00 |
| 16. Birth-Related Neurological Injury Fund Assessment (BIF) | .00 | .00 |
| 17. Municipal Average Gross Premium Tax Kentucky: 1st Year Premium _____ .00 Alabama: Renewal w/o change _____ .00 | | .00 |
| 18. Municipal Average Fixed Fees | | .00 |
| 19. Agent / Agency Appointment Fees Initial # _____ Renewal # _____ | .00 | .00 |
| 20. Specify in detail other taxes / fees not listed above. | | |
| a. _____ | .00 | .00 |
| b. _____ | .00 | .00 |
| c. _____ | .00 | .00 |
| 21. TOTALS | .00 | .00 |
| 22. Retaliatory Tax Due – Line 21, Column B minus Line 21, Column A (but not less than zero)..... | .00 | |
| 23. Virginia Housing Opportunity Tax Credit (see instructions) | .00 | |
| 24. NET RETALIATORY TAX DUE – Line 22 minus Line 23 (but not less than zero). Enter this amount here and on Form 800, Line 17 | .00 | |

Enclose completed Schedule 800RET with Form 800.