

**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 | 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.

|                      |                              |                         |      |
|----------------------|------------------------------|-------------------------|------|
| Signature of Officer | Printed Name                 | Title                   | Date |
| Preparer's Name      | Preparer's FEIN / PTIN / SSN | Preparer's Phone Number |      |