Form 800
Department of Taxation
P.O. Box 26179
Richmond, VA 23260-6179

2018 Virginia Insurance Premiums License Tax Return



		511d, 17. 20200 0110		7				
					n merger / acquisition			
		ed in a merger / acquisition, enter the date recognized: In the State of Domicile	FEIN	virginia				
Co	mpan	y Name						
Ad	dress		NAIC/License #					
Cit	y, Sta	te, and ZIP Code	State of Domicile as of 12/31/2018					
		ule T Information: Enter the amount included in your direct premium income reported in income that is not included, complete Schedule 800ADJ, Section A, Lines 1 and 2.	d on Schedule T of t	he NAIC Ar	nnual Statement. If there is			
	A.	Uninsured Motorist Premium Distribution		.00_				
	В.	Virginia Property Insurance Association (FAIR Plan Premium Distribution)			.00_			
INCOME	1.	Amount of Direct Premium Written Income Reported on Schedule T and Allocated to	Virginia	1.	.00			
	2.	Total Additions from Schedule 800ADJ, Section A, Line 5		2.	.00			
	3.	Total. Add Line 1 and Line 2		3.	.00			
	4.	Total Subtractions from Schedule 800ADJ, Section B, Line 10			.00			
	5.	Premium Income and Adjustments. Subtract Line 4 from Line 3		5.	.00			
		a – Taxable Premium Amount b – Tax						
TAX COMPUTATION	6.	Column a. Enter the amount from Schedule 800A, Line 11, Column C. Column b. Enter the amount from Schedule 800A, Line 12, Column C 6.						
	7.	Insurance Premiums License Tax at 1%. Column a. Enter the amount from Schedule 800A, Line 11, Column D. Column b. Enter the amount from Schedule 800A, Line 12, Column D.						
		If you are an exempt mutual assessment property and casualty insurer, check the box, enter Premium Income on Line 7a and "0" for tax on Line 7b, and enclose Schedule 844).	00	.00			
	8.	RESERVED FOR FUTURE USE8.		8.	> <			
	9.	Total Tax. Add Line 6b and Line 7b		9	.00			
PAYMENTS / CREDITS	10.	Nonrefundable Tax Credits from Schedule 800CR, Part XI, Line 41		10	.00			
	11.	Adjusted Insurance Premiums License Tax. Subtract Line 10 from Line 9		11	.00.			
	12.	Estimated Tax Paid for Taxable Year 2018		12.	.00			
	13.	Refundable Retaliatory Costs Tax Credit from Schedule 800CR, Part XII, Line 42			.00			
	14.	Total Payments and Credits. Add Line 12 and Line 13		14.	.00			
REFUND OR TAX DUE	15.	Insurance Premiums License Tax Owed. If Line 11 is greater than Line 14. Subtract Line 14 from Line 11						
	16.	Insurance Premiums License Tax Overpaid. If Line 14 is greater than Line 11. Subtract Line 11 from Line 14						
	17.	Retaliatory Tax Due from Schedule 800RET, Line 22						
		Total Adjustments from Schedule 800ADJ, Section C, Line 15			.00			
		Total Adjustments and Retaliatory Tax. Add Line 17 and Line 18			.00			
					.00			
		Total Amount You Owe. See Instructions.			.00			
	21.	If You Have an Overpayment of Tax on Line 16, subtract Line 19 from Line 16. This I	is Your Refund	_21	.00			

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Company Name			FEIN		
List the name/address, FEIN, and acquisition. Submit copies of this s	Schedule of M NAIC/License Number schedule if additional sp	of any compan		turn as a res	sult of a merger/
Company Name / A	Address		FEIN	NAIC	/ License #
Under penalty of perjury, I declare correct, and complete.	that I have examined th	nis report and to	o the best of my kno	owledge and	I belief, it is true,
Signature of Officer	Printed Name	9	Title		Date
Preparer's Name	Preparer's Pr	none Number	Preparer's FEIN /	Preparer's FEIN / PTIN / SSN	
By checking this box, I auth	orize the Department	to discuss this	s return with the pr	eparer liste	d above.