Schedule 844

Company Name

Statement of Exemption Mutual Assessment Property & Casualty Insurers

Federal Employer ID Number

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NAIC/License #

lirect premium income as pr	ned above is exempt from paying escribed in <i>Va. Code</i> § 58.1-250 lease indicate the corresponding	2. This company opera			
<u>Counties/Citie</u>	<u>s</u>	<u>Populatio</u>	<u>on</u>		
certify that the above inform	nation is true and correct to the b	est of my knowledge.			
ignature of Officer	Printed Name	Title	Date		
Preparer's Name	Preparer's Phone Number	Preparer's Phone Number			