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

2023 Virginia Insurance Premiums License Tax Return



				Involved in merge	·		
		ed in a merger / acquisition, enter the date recognized: In the State of Domicile by Name	FEIN	In Virginia			
Ad	dress		NAIC/License #				
Cit	y, Sta	te, and ZIP Code	State of Domicile as of 12/31/2023				
		ule T Information: Enter the amount included in your direct premium income reported m income that is not included, complete Schedule 800ADJ, Section A, Lines 1 and 2.	d on Schedule T of t	he NAIC Annual Si	atement. 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					
	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.	Insurance Premiums License Tax at 2.25%. 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.	.0	00	.00		
	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	.0	00	.00		
	8.	RESERVED FOR FUTURE USE 8.	><<	8.			
	9.	Total Tax. Add Line 6b and Line 7b		9.	.00		
PAYMENTS / CREDITS	10.	Nonrefundable Tax Credits from Schedule 800CR, Section 2, Part 1, Line 1A		10	.00		
	11.	Adjusted Insurance Premiums License Tax. Subtract Line 10 from Line 9		11.	.00		
	12.	Estimated Tax Paid for Taxable Year 2023		12.	.00		
	13.	Refundable Retaliatory Costs Tax Credit from Schedule 800CR, Section 3, Part 1, Li	ne 1A		.00		
	14.	Total Payments and Credits. Add Line 12 and Line 13		14.	.00		
_	15.	Insurance Premiums License Tax Owed. If Line 11 is greater than Line 14. Subtract Line 14 from Line 11					
REFUND OR TAX DUE	16.	Insurance Premiums License Tax Overpaid.			.00		
	4-	If Line 14 is greater than Line 11. Subtract Line 11 from Line 14			.00		
		Retaliatory Tax Due from Schedule 800RET, Line 24			.00		
		Total Adjustments from Schedule 800ADJ, Section C, Line 15			.00		
		Total Adjustments and Retaliatory Tax. Add Line 17 and Line 18			.00		
	20.	Total Amount You Owe. See Instructions.		20	.00		
	21.	If You Have an Overpayment of Tax on Line 16, subtract Line 19 from Line 16. This I	s Your Refund	21.	00		

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2023 Virginia Insurance Premiums License Tax Return



Company Name			FEIN	
List the name/address, FEIN, and acquisition. Submit copies of this		any company included in t	this return as a re	esult of a merger/
Company Name /	Address	FEIN	NAI	C / License #
Under penalty of perjury, I declare correct, and complete.	e that I have examined this r	report and to the best of r	my knowledge an	d belief, it is true
Signature of Officer	Printed Name	Title		Date
Preparer's Name	Preparer's Phone	Number Preparer's	's FEIN / PTIN / SSN Vendor Cod	
By checking this box Laut	shavina the Danautmant to	diaguag this watuumth	the property liet	ad abaya