

Company Name	Federal Employer ID Number	NAIC/License #
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Section A - Additions to Direct Premiums Written	Column A Virginia Basis	Column B Basis for State of Domicile as of 12/31/16 <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> (Enter State Abbreviation)
1. Insurance Premiums License Tax Column A: Enter amount from Form 800, Line 9. Column B: Attach 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). Enter on Form 800, Line 17.....		.00