Schedule 844

Statement of Exemption
Mutual Assessment
Property & Casualty Insurers

Company Name	Federal Employer ID Number	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

I certify that the above information is true and correct to the best of my knowledge.

Signature of Officer | Printed Name | Title | Date

Preparer's Name | Preparer's Phone Number