

**Virginia
Schedule 844**

**Statement of Exemption
Mutual Assessment
Property & Casualty Insurers**



Company Name	FEIN	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

Under penalty of perjury, I declare that I have examined this report and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Officer	Printed Name	Title	Date
----------------------	--------------	-------	------

Preparer's Name	Preparer's FEIN / PTIN / SSN	Preparer's Phone Number
-----------------	------------------------------	-------------------------