

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
-----------------	-------------------------