RESET FORM

COMMONWEALTH OF VIRGINIA

DECLARATION OF ESTIMATED LICENSE TAX AND ESTIMATED ASSESSMENT

FOR

4th QUARTER, 2005

STATE OF DOMICILE _____ FEIN # _____ NAIC # _____

Name of Insurance Company _____

THIS FORM MUST BE USED FOR THE FILING OF A DECLARATION OF ESTIMATED LICENSE TAX AND ESTIMATED ASSESSMENT REQUIRED BY SECTION 58.1-2520.A. AND SECTION 38.2-407.A., CODE OF VIRGINIA, AS AMENDED, AND PAYMENT OF ESTIMATED LICENSE TAX AND ESTIMATED ASSESSMENT DUE IN ITEM 6. PLEASE MAKE CHECK PAYABLE TO **TREASURER OF VIRGINIA** AND SEND IT, ALONG WITH THIS FORM TO **Wachovia Bank/State Corporation Commission, TAA Insurance 2, P. O. Box 759064, Baltimore, MD 21275-9064**.

Form ID: 604051 NAIC #: _____ **Date Due:** **DECEMBER 15, 2005**

	PREMIUM LICENSE TAX (1)	MAINTENANCE ASSESSMENT (2)
1. License tax and assessment liability paid in prior calendar year (per 2004 tax and assessment reports, as audited).....	$_____	$_____
2. Estimated tax and assessment payable this year .....…..	$_____	$_____
3. Estimated Payments made this year.....	$_____	$_____
4. Remaining Unpaid Balance.....	$_____	$_____
5. Amount due with this declaration.....	$_____	$_____

6. Total Amount Due (Line 5, Col. 1 + Line 5, Col. 2).....…….. $_____

TAX CONTACT INFORMATION:

_____ TAX CONTACT Name or Address, etc. **HAS NOT** changed.
No action needed.

_____ TAX CONTACT Name or Address, etc. **HAS** changed.
Complete the Tax/Assessment Address and Contact Form and return it with this Declaration.

I CERTIFY that this is a true, correct, and complete declaration.

_____ _____ _____
(SIGNATURE OF OFFICER) (TITLE) (DATE)

CERTIFIED ARTICLE NUMBER_____