RESET FORM

COMMONWEALTH OF VIRGINIA

# STATEMENT OF EXEMPTION
# MUTUAL ASSESSMENT PROPERTY & CASUALTY INSURERS

(To Be Returned With Report of Income - Premium License Tax)

_____
NAIC #

_____
Name of Insurance Company

I certify that the company named above is exempt from paying the premium license tax on direct gross premium income as prescribed in § 58.1-2502 of the Code of Virginia. This company operates in the counties and/or cities shown below (please indicate the corresponding population):

| **Counties/Cities** | **Population** |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

The above information is true and correct to the best of my knowledge.

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

State of _____, County (or City) of _____ To-Wit:

This day _____, _____
(NAME OF OFFICER) (TITLE)

of_____
(NAME OF COMPANY)

personally appeared before me in the County (or City) aforesaid.

Given under my hand and notarial seal this _____ day of _____, 20_____.

Seal _____
(Notary Public)

My commission expires _____.