# STATISTICAL REPORT FORM <br> VIRGINIA STATE CORPORATION COMMISSION - BUREAU OF INSURANCE P.O. BOX 1157, RICHMOND, VA 23218 

| Company Name: | NAIC Number: |
| :--- | :--- | :--- |

For each line of insurance checked below, please click on the box to the right and choose the statistical organization to whom the company reports its loss experience and expense data.



This form was completed by:

| E-mail |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Address: |$\quad$| Phone |
| :--- | :--- |
| Number: |$\quad . \quad$ Date: |  |
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