Form 800 Department of Taxation PO Box 26179 Richmond, VA 23260-6179

## 2014 Virginia Insurance Premiums License Tax Return



Company Name			Federal Employer ID Number			
			NAIC/License #			
Cit	y, Sta	ate and ZIP Code	State of Domicile as	of 12/31/2014		
Ch	eck b	poxes that apply: Name change Address change Amer	nded return	Involved in merger/acquisition.		
lf	involv	ved in a merger/acquisition, enter the date recognized: In the State of Domicile	In V	'irginia		
		<b>Ile T Information:</b> Enter the amount included in your direct premium income reported in income that is not included, complete Schedule 800ADJ, Section A, Lines 1 and 2.	d on Schedule T of th	e NAIC Annual Statement. If there is		
pre	A.			.00_		
	B.	Virginia Property Insurance Association (FAIR Plan Premium Distribution)		.00_		
	1.	Amount of Direct Premium Written Income Reported on Schedule T and Allocated to	Virginia	1		
ш	2. Total Additions from Schedule 800ADJ, Section A, Line 5					
INCOM	3.	Total (Add Line 1 and Line 2)		3.		
	4.	Total Subtractions from Schedule 800ADJ, Section B, Line 10		4		
	5.	Premium Income and Adjustments (Subtract Line 4 from Line 3)		5.		
		a - Taxabl	e Premium Amount			
	6.	Insurance Premiums License Tax at 2.25% Column a. Enter the amount from Sch. 800A, Line 12, Column C. Column b. Enter the amount from Sch. 800A, Line 13, Column C 6.	00	00		
UTATION	7.	Insurance Premiums License Tax at 1% Column a. Enter the amount from Sch. 800A, Line 12, Column D. Column b. Enter the amount from Sch. 800A, Line 13, Column D.	.00			
TAX COMPL		If you are an exempt mutual assessment property and casualty insurer, check the box, enter Premium Income on Line 7a and "0" for tax on Line 7b, and attach Schedule 844	.00	.00		
	8.	Insurance Premiums License Tax 0.75%  Column a. Enter the amount from Sch. 800A, Line 12, Column E.  Column b. Enter the amount from Sch. 800A, Line 13, Column E 8.				
	9.	Total Tax (Add Line 6b, Line 7b and Line 8b)		9.		
Cit Ch If	10.	Nonrefundable Tax Credits from Schedule 800CR, Part X, Line 41		10.		
	11.	Adjusted Insurance Premiums License Tax (Subtract Line 10 from Line 9)				
IS/CI	12.	Estimated Tax Paid for Taxable Year 2014		12.		
MEN	13.	Refundable Retaliatory Costs Tax Credit from Schedule 800CR, Part XI, Line 42		13.		
PAYI	14.	Total Payments and Credits (Add Line 12 and Line 13)				
	15.	Insurance Premiums License Tax Owed.		00 15.		
<b>OR TAX</b>	16.	If Line 11 is greater than Line 14, subtract Line 14 from Line 11  Insurance Premiums License Tax Overpaid.		00		
		If Line 14 is greater than Line 11, subtract Line 11 from Line 14		.00.		
		Retaliatory Tax Due from Schedule 800RET, Line 22		1700		
	18.	Total Adjustments from Schedule 800ADJ, Section C, Line 15		1800		
	19.	Total Adjustments and Retaliatory Tax (Add Line 17 and Line 18)		1900		
	20.	Total Amount You Owe. See Instructions		2000		
	21.	If You Have an Overpayment of Tax on Line 16, Subtract Line 19 from Line 16. This	Is Your Refund	2100		

Form 800 Page 2

## 2014 Virginia Insurance Premiums License Tax Return



Company Name	Federal Employer ID Number							
Schedule of Merger/Acquisition  List the name/address, FEIN and NAIC/License Number of any company included in this return as a result of a merger/acquisition.  Submit copies of this schedule if additional space is needed.								
Company Name/Address		FEIN	NAIC	:/License#				
Under penalty of perjury, I declare that I have examined this report and to	o the hest of my kno	wledge and helief it is true	correct and c	omnlete				
ender pendity of perjuly, I decide and tribute examined and report and t	o and book or my kno		Jon Jot and C	cpioto.				
Signature of Officer Printed Nam	ne	Title		Date				
Preparer's Name Preparer's F	Phone Number	Preparer's FEIN	I/PTIN/SSN	Vendor Code				
·		·						
By checking this box, I authorize the Department to discuss this rete	urn with the preparer	listed above.						