

COMMONWEALTH OF VIRGINIA
**DECLARATION OF ESTIMATED LICENSE TAX
AND ESTIMATED ASSESSMENT**
FOR
2ND QUARTER, 2012

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 WELLS FARGO/STATE CORPORATION COMMISSION, TAA INSURANCE 2, P. O. BOX 759064, BALTIMORE, MD 21275-9064. DO NOT USE THE ANNUAL "PAYMENT VOUCHER".

Form ID:

NAIC #:

Date Due: **JUNE 15, 2012**

	PREMIUM LICENSE TAX (1)	MAINTENANCE ASSESSMENT (2)
1. License tax and assessment liability paid in prior calendar year (per 2011 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.....	<input type="text" value="\$"/>	<input type="text" value="\$"/>
6. Total Amount Due (Line 5, Col. 1 + Line 5, Col. 2) CHECK MUST EQUAL AMOUNT SHOWN HERE	<input type="text" value="\$"/>	

DO NOT USE THE "PAYMENT VOUCHER" FOR THIS PAYMENT

Questions regarding the above information should be directed to:

(NAME)

(PHONE NUMBER)

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

(SIGNATURE OF OFFICER)

(TITLE)

(DATE)

CERTIFIED MAIL ARTICLE NUMBER _____