

2016 Virginia Insurance
Premiums License Tax
Schedule of Adjustments



| | | |
|--------------|----------------------------|----------------|
| Company Name | Federal Employer ID Number | NAIC/License # |
|--------------|----------------------------|----------------|

Section A - Additions to Direct Premiums Written - to the extent not included on Form 800, Line 1.

| | | | | | |
|---|-----|---|-----|--|---------------|
| 1. Uninsured Motorist Premium Distribution | 1. | _____ | .00 | | |
| 2. Virginia Property Insurance Association (FAIR Plan) Premium Distribution | 2. | _____ | .00 | | |
| 3. Additional Finance and Service Charges Not Included in Premiums | 3. | _____ | .00 | | |
| 4. Other Additions - Enter addition code and amount. | | | | | |
| | 4a. | <table border="1"><tr><td></td><td></td></tr></table> | | | 4a. _____ .00 |
| | | | | | |
| | 4b. | <table border="1"><tr><td></td><td></td></tr></table> | | | 4b. _____ .00 |
| | | | | | |
| | 4c. | <table border="1"><tr><td></td><td></td></tr></table> | | | 4c. _____ .00 |
| | | | | | |
| 5. Total Additions - Add Section A, Lines 1 - 4c. Enter on Form 800, Line 2 | 5. | _____ | .00 | | |

Section B - Subtractions from Direct Premiums Written - to the extent included on Form 800, Line 1.

| | | | | | |
|--|-----|---|-----|--|---------------|
| 6. Workers' Compensation Premiums. Do not include Workers' Compensation Finance and Services charges | 6. | _____ | .00 | | |
| 7. Federal Employees Health Benefits Program Premiums | 7. | _____ | .00 | | |
| 8. Medicare Premiums - Individuals and Groups. Do not include Medicare Part D Premiums | 8. | _____ | .00 | | |
| 9. Other Subtractions - Enter subtraction code and amount. | | | | | |
| | 9a. | <table border="1"><tr><td></td><td></td></tr></table> | | | 9a. _____ .00 |
| | | | | | |
| | 9b. | <table border="1"><tr><td></td><td></td></tr></table> | | | 9b. _____ .00 |
| | | | | | |
| | 9c. | <table border="1"><tr><td></td><td></td></tr></table> | | | 9c. _____ .00 |
| | | | | | |
| | 9d. | <table border="1"><tr><td></td><td></td></tr></table> | | | 9d. _____ .00 |
| | | | | | |
| 10. Total Subtractions - Add Section B, Lines 6 - 9d. Enter on Form 800, Line 4 | 10. | _____ | .00 | | |

Section C - Adjustments

| | | | |
|--|------|-------|-----|
| 11. Addition to Tax from Form 800C, Line 17 | 11. | _____ | .00 |
| 12. Penalty for Late Payment | | | |
| 12a. Insurance Premiums License Tax Penalty | 12a. | _____ | .00 |
| 12b. Retaliatory Tax Penalty | 12b. | _____ | .00 |
| 13. Interest | 13. | _____ | .00 |
| 14. Fee for Late Filing | 14. | _____ | .00 |
| 15. Total Adjustments - Add Section C, Lines 11 - 14. Enter on Form 800, Line 18 | 15. | _____ | .00 |

Attach completed Schedule 800ADJ to Form 800. Do not submit blank form.