

CAPTIVE INSURANCE COMPANY
STATEMENT OF BENEFIT TO ALABAMA

ESTIMATED ALABAMA EXPENDITURES FOR THE FIRST FULL CALENDAR YEAR OF OPERATIONS

Estimate as of December 31, 20____

1. Name of Captive _____
Address _____
2. Projected Captive Application Submission Date _____
3. Name of Parent _____
Address _____
4. Alabama Payroll _____
5. Other Alabama Expenditures
 - a. Rent _____
 - b. Supplies and Printing _____
 - c. Services Purchased:
 1. Legal _____
 2. Independent Auditor _____
 3. Captive Manager _____
 4. Other _____
 - d. Equipment Purchased _____
 - e. Letter of Credit Fees _____
(Proposed LOCs with Alabama banks: \$_____)
 - f. Other _____
6. TOTAL ESTIMATED Payroll and Other Expenditures _____
7. Expenditures in Alabama for Board of Directors Meeting _____
8. Premium Taxes Paid to Alabama _____
9. ESTIMATE TOTAL (Monies to be Spent in Alabama) _____
10. What percentage of the captive management and administrations will physically be performed within the State of Alabama _____
11. Total hotel room nights in Alabama relating to captive activities. (Best Estimate) _____

12. Estimated Cash and Invested Assets to be Held in Alabama
(Include all assets in managed or simply held custody by
Alabama institutions such as banks, trust companies and
brokerage offices even if those institutions are owned out of
state.)

ESTIMATED AMOUNT

- | | |
|---|-------|
| I. Cash
(Checking and savings accounts, certificate of
deposits, and any other highly liquid assets). | _____ |
| II. Investments (Market Value)
(U.S. Treasury issues, bonds, stocks, mutual funds,
and other investments of this type). | _____ |
| III. Other Invested Assets
(Real estate, mortgage loans, etc.). | _____ |
| TOTAL (I+II+III) | _____ |

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ABOVE IS A GOOD FAITH
ESTIMATE OF THE BENEFIT THAT THE APPLICANT'S PROPOSED PLAN OF OPERATION
WILL PROVIDE TO THE STATE OF ALABAMA DURING ITS FIRST FULL CALENDAR
YEAR OF OPERATIONS.

Name: _____ Date: _____

Signature: _____