

CAPTIVE INSURANCE COMPANY  
STATEMENT OF BENEFIT TO ALABAMA

FOR THE TWELVE MONTH PERIOD ENDED: December 31, \_\_\_\_\_

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(REPORT EXPENSES ON AN ACCRUAL BASIS)

1. Name of Captive \_\_\_\_\_  
Address \_\_\_\_\_
2. Date Licensed \_\_\_\_\_
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 \_\_\_\_\_  
(Total amount LOCs with Alabama banks: \_\_\_\_\_)
  - f. Other \_\_\_\_\_
6. TOTAL Payroll and Other Expenditures \_\_\_\_\_
7. Expenditures in Alabama for Board of Directors Meeting \_\_\_\_\_
8. Premium Taxes Paid to Alabama \_\_\_\_\_
9. TOTAL Monies Spent in Alabama \_\_\_\_\_
10. What percentage of the captive management and administrations are physically performed within the State of Alabama \_\_\_\_\_
11. Total hotel room nights in Alabama relating to captive activities. (Best Estimate) \_\_\_\_\_

12. Cash and Invested Assets 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.)

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) \_\_\_\_\_

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE INFORMATION GIVEN IN THIS STATEMENT IS TRUE AND CORRECT.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_