

STATE OF ALABAMA

DEPARTMENT OF INSURANCE

PREMIUM TAX STATEMENT

LEGAL SERVICE INSURANCE CORPORATION

On Business in Alabama for the Year Ending December 31, 20_____.

Name of Company

City

State

Zip Code

- | | | |
|----|---|----------|
| 1. | Direct premiums received in Alabama or elsewhere
For business done in Alabama | \$ _____ |
| 2. | GROSS PREMIUM TAX (Line 1 x _____)
Maximum Rate: 3.6% - See Worksheet | \$ _____ |
| 3. | LESS | |
| | (a) Ad valorem taxes paid for tax year next preceding
Filing of this return on real estate and improvements
Thereon in State of Alabama owned and at least 50%
Occupied by company for full period of such tax year. | \$ _____ |
| | (b) 60% of Alabama privilege and franchise taxes
paid | \$ _____ |
| | (c) All expenses of examination of company by
Commissioner of Insurance of Alabama | \$ _____ |
| 4. | NET PREMIUM TAX DUE (Line 2 minus Line 3) | \$ _____ |

STATE OF _____

COUNTY OF _____

_____, President, and
 _____, Secretary of the
 Corporation being duly sworn, each for himself, deposes and says, that
 they are the above described officers of said Company and that the
 foregoing statement of business transacted during such year and showing
 the true status of same on December 31, of such year, is full and
 correct according to the best of their information, knowledge, and
 belief, respectively.

_____, President

_____, Secretary

Subscribed and sworn to before me this _____ day of _____,
20_____.

(Seal)

My Commission Expires _____

Notary Public