

# TEXAS CERTIFIED CAPITAL COMPANY APPLICATION REQUESTING ALLOCATION OF TAX CREDITS

CAPCO	1. Name of proposed Certified Capital Company ("CAPCO")		
	2. Address - Street		
	City	State	ZIP code
	3. Name of contact person		
	4. Phone number (Area code and number)	5. FAX number (Area code and number)	6. E-mail address
	<p style="text-align: center;"><b>I hereby certify that the investor listed below has irrevocably committed to make an investment of certified capital to this certified capital company as indicated below, and that such investment shall be used as prescribed in Chapter 4, Subchapter B, Texas Insurance Code, and rule 34 TAC §3.833, Texas Administrative Code.</b></p>		
	Printed name of officer of CAPCO		Title of officer of CAPCO
<b>sign here</b> Signature of CAPCO officer		Date	

TAXPAYER MAKING INVESTMENT	1. Name of Certified Investor		
	2. Address - Street		
	City	State	ZIP code
	3. Federal employer identification number (FEIN)		4. NAIC number
	5. Amount of cash irrevocably committed	6. Nature of Certified Investor's interest (Check one)	
	\$	<input type="checkbox"/> Equity interest in CAPCO <input type="checkbox"/> CAPCO's qualified debt	
	7. Insurer's affiliates. (Attach additional sheets as necessary.)		
<b><u>NAME OF INVESTOR'S INSURER AFFILIATES</u></b>	<b><u>FEDERAL EMPLOYER ID NUMBER (FEIN)</u></b>	<b><u>NAIC NUMBER</u></b>	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

THE UNDERSIGNED OFFICER of \_\_\_\_\_, being duly sworn, *Certified Investor Taxpayer*  
 hereby requests the subject certified capital company to apply to the Texas Comptroller of Public Accounts on its behalf for an allocation of tax credits in the amount of the investment of certified capital indicated above. The UNDERSIGNED OFFICER further certifies that an investment of certified capital will be made to the CAPCO in accordance with the provisions of Chapter 4, Subchapter B, Texas Insurance Code, and 34 TAC §3.833, Texas Administrative Code.

\_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 Printed name and title  
 \_\_\_\_\_  
 Daytime phone (Area code and number)

State of \_\_\_\_\_  
 County of \_\_\_\_\_

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

(Notary Seal)

\_\_\_\_\_  
 Signature of Notary Public  
 My commission expires \_\_\_\_\_

## **INSTRUCTIONS**

The original and two (2) copies of the Application must be submitted no later than Jan. 1, 2008 to:

Texas Comptroller of Public Accounts - TTSTC  
ATTN: CAPCO PROGRAM ADMINISTRATOR  
208 E. 10th Street, 4th Floor  
Austin, TX 78701

TEL NO: (512) 463-4124  
FAX NO: (512) 463-4368

THE ORIGINAL APPLICATION AND COPIES SHOULD BE SUBMITTED BY ANY METHOD THAT WILL PROVIDE THE CERTIFIED CAPITAL COMPANY ("CAPCO") WITH DATED AND SIGNED PROOF OF RECEIPT BY THE COMPTROLLER'S OFFICE.

### **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

THE AGGREGATE AMOUNT OF CERTIFIED CAPITAL FOR WHICH CERTIFIED INVESTOR TAXPAYERS MAY BE ALLOCATED AND ALLOWED TAX CREDITS IS \$200 MILLION.

*The aggregate amount of tax credits that a certified investor and its certified investor affiliate(s) may be allowed is \$30 Million which is 15% of the maximum aggregate amount currently available under the Texas CAPCO program.*

Questions regarding the Application should be directed to the CAPCO PROGRAM ADMINISTRATOR (512) 463-4124.