



Louisiana Department of Insurance
 Tax Division
 P.O. Box 94214
 Baton Rouge, LA 70804-9214
 Phone (225) 342-1012 Fax (225) 342-9708
<http://www.lidi.la.gov>

2017 Form 1068E
 CAPCO Credit
 Notification of Sale or Transfer

Due Within 30 Days of Sale or Transfer

| | | | |
|-----------------|--|-------------------|--|
| Company Name | | NAIC Number | |
| Mailing Address | | Telephone Number | |
| Contact Person | | Fax Number | |
| E-mail Address | | State of Domicile | |

See Instructions on Page 2

Item A: Original Investor's (Transferor's) CAPCO Tax Credit Calculation {L.R.S. 22§832E(4)}

| | |
|---|----|
| 1. Amount of Original Investor's CAPCO Tax Credits Available for Tax Year 2017 | \$ |
| 2. Amount of 2017 CAPCO Tax Credits Sold or Transferred (Sum of Schedule A, Column F) | \$ |
| 3. Amount of 2017 CAPCO Tax Credits Available After Sale or Transfer (Item A Line 1 – Line 2) | \$ |

Schedule A: Sold or Transferred CAPCO Tax Credits Itemized by Acquirer

| COLUMN A NAIC Number | COLUMN B Tax ID Number | COLUMN C Acquiring Company Name | COLUMN D Sale or Transfer | COLUMN E Date Acquired | COLUMN F CAPCO Credits Acquired |
|---|------------------------------|------------------------------------|---------------------------------|------------------------------|---------------------------------------|
| 1. | | | | | \$ |
| 2. | | | | | \$ |
| 3. | | | | | \$ |
| 4. | | | | | \$ |
| 5. | | | | | \$ |
| 6. | | | | | \$ |
| 7. | | | | | \$ |
| 8. | | | | | \$ |
| 9. | | | | | \$ |
| 10. | | | | | \$ |
| 11. | | | | | \$ |
| 12. | | | | | \$ |
| 13. | | | | | \$ |
| 14. | | | | | \$ |
| 15. | | | | | \$ |
| 16. | | | | | \$ |
| 17. | | | | | \$ |
| 18. | | | | | \$ |
| 19. | | | | | \$ |
| 20. | | | | | \$ |
| Total Amount of CAPCO Credits Sold or Transferred (Add Column F, Line 1 through 20) | | | | | \$ |

Affidavit

State of _____ Parish or County of _____

I, _____, Company Officer of _____
being duly sworn, is the above described officer of the said Company, and that the statement filed herewith is true
and correct to the best of his/her knowledge, information and belief.

Sworn to and subscribed this

_____ day of _____, _____

Company Officer

Notary Public

Title

| Filing Instructions | |
|---------------------------------|---|
| Who Must File This Form? | All insurance companies, which sell or transfer qualified CAPCO investments, pursuant to L.R.S. 22§832E(4). |
| Due Date: | Due within 30 days of sale or transfer. |
| Late Filings: | The notification will be deemed late if either of the following occurs: a. The U.S. Postal Service Postmark is 30 days after the transfer or sale date; or, b. If sent through any carrier other than the U.S. Postal Service, the date the form is received by the Louisiana Department of Insurance is 30 days after the sale or transfer date. |
| Filing Address: | Mail Form 1068E and all required attachments to the address listed on Page 1 of this form. |
| Required Attachments: | Proof of Louisiana qualified CAPCO investments. The Office of Financial Institutions must certify these investments before credits can be taken. |
| How to contact us: | You may call us at (225) 342-1012 or fax us at (225) 342-9708. Also, visit our web site at http://www.lidi.la.gov |
| Affidavit: | Form 1068E must be signed by an authorized officer of the company and notarized. |