STATE OF ALABAMA DEPARTMENT OF INSURANCE MONTGOMERY, ALABAMA 36104

(TYPE OR PRINT)

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A DENTAL SERVICE PLAN CORPORATION

TO THE COMMISSIONER OF INSURANCE OF THE STATE OF ALABAMA:

IN ACCORDANCE WITH CHAPTER 21, TITLE 22, CODE OF ALABAMA 1975

Application is hereby made for Certificate of Authority for the following named Dental Service Plan Corporation to transact its appropriate business within said State for the year ending December 31, 20____; and as a condition precedent to the issuance of said Certificate of Authority, the information as called for below is submitted, and such information is full, true, and correct.

IN WITNESS WHEREOF, the said Corporation has caused this application to be signed by its President or Vice President and Secretary or Assistant Secretary and attested by its corporate seal on this the

day of

20 .

(Seal)

President or Vice President

Secretary or Assistant Secretary

FEIN:					
Name of Corpora	ation				
Statutory Home	Office				
	(Number and Street)	(City)	(State)	(Zip)	(Telephone)
Main Administra	ative Office:				
	(Number and Street)	(City)	(State)	(Zip)	(Telephone)
Mailing Address	:				
	(Number and Street or P. O. Box)	(City)	(State)	(Zip)	(Telephone)

1. When were you incorporated?

2. Under the laws of what state were you incorporated?

3. When did you commence business? _____

4. In what states are you presently licensed?

5. Has your license ever been revoked by any state?

6. Do you understand that every contracting sales representative must be registered?

_____does hereby appoint
(Name of Corporation)
______of ______(Number and street)
______, Alabama, or in lieu thereof, _______(City)
Commissioner of Insurance, State of Alabama, and his successors, as Agent for Service of Process.

NOTE: All items required by Schedule of General Requirements must be included or attached thereto.