State of Alabama Department of Insurance Montgomery, Alabama 36104

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR LEGAL SERVICE INSURANCE CORPORATION

TO THE COMMISSIONER OF INSURANCE OF THE STATE OF ALABAMA:

IN ACCORDANCE WITH CHAPTER 43, TITLE 27, CODE OF ALABAMA 1975

Application is hereby made for Certificate of Authority of the following named Legal Service Insurance 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.

	ecretary o	F, the said Corporation has r Assistant Secretary and at 20				
(Seal)			President or Vice-President			
			Secretary or Assistant Secretary			
FEIN:						
Name of Corpor	ration					
Statutory Home	Office _	(Number and Street)	(City)	(State)	(Zip)	(Telephone)
Main Administrative Office (Number and Street) Mailing Address:			(City)	(State)	(Zip)	(Telephone)
vianing radics	(Numb	er and Street or P. O. Box)	(City)	(State)	(Zip)	(Telephone)
1. When were	you inco	rporated?				
		nat state were you incorpora				
3. When did y	ou comm	ence business?				
In what stat	tes are yo	u presently licensed?				
5. Has your li	cense eve	r been revoked by any state				
6. Do you und	derstand tl	nat every contracting sales a	igent must be	registered?		
					does l	nereby appoint
		(Name of Corporation)				- yej arrom.
		of	(N	umber and Stre	eet)	
(City)		, Alabama, or, in lieu the	ereof,			,
(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 hereto.