

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
MONTGOMERY, ALABAMA 36104

(TYPE OR PRINT)

RENEWAL APPLICATION FOR CERTIFICATE OF AUTHORITY FOR A DENTAL SERVICE
INSURANCE 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 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.

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 Corporation _____

Statutory Home Office _____

(Number and Street) (City) (State) (Zip) (Telephone)

Main Administrative 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 Has your license ever been revoked by any state?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? _____