STATE OF ALABAMA
DEPARTMENT OF INSURANCE
PREMIUM TAX STATEMENT
DENTAL SERVICE PLAN CORPORATION

On Business in Alabama for the Year Ending December 31, 20______.

Name of Company

<table>
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<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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1. Direct premiums received in Alabama or elsewhere
   For business done in Alabama $ _________
2. GROSS PREMIUM TAX (Line 1 x 1.6%) $ _________
3. LESS
   (a) Ad valorem taxes paid for tax year next preceding
      Filing of this return on real estate and improvements
      Thereon in State of Alabama owned and at least 50%
      Occupied by company for full period of such tax year. $ _________
   (b) 60% of Alabama privilege and franchise taxes paid $ _________
   (c) All expenses of examination of company by
       Commissioner of Insurance of Alabama $ _________
4. NET PREMIUM TAX DUE (Line 2 minus Line 3) $ _________

STATE OF ______________________
COUNTY OF _____________________

____________________________________________, President, and
____________________________________________, Secretary of the

Corporation being duly sworn, each for himself, deposes and says, that
they are the above described officers of said Company and that the
foregoing statement of business transacted during such year and showing
the true status of same on December 31, of such year, is full and
correct according to the best of their information, knowledge, and
belief, respectively.

____________________________________________, President
____________________________________________, Secretary

Subscribed and sworn to before me this _______ day of ________,
20_______.

(Seal) My Commission Expires

__________ Notary Public