

SCHEDULE OF REQUIREMENTS
RENEWAL APPLICATION FOR CERTIFICATE OF AUTHORITY
FOR A DENTAL SERVICE PLAN CORPORATION

The following items must accompany your renewal application, which is due March 1:

1. Premium Tax Statement with Payment
2. Signed Financial Statement as of Year End
3. \$505.00 Renewal Fee
4. \$25.00 Filing Fee

_____ does hereby appoint
_____ of _____,
(Street Address)
_____, Alabama, or in lieu thereof, the Commissioner of
Insurance, State of Alabama, as Agent for Service of Process.