

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		
City	State	Zip Code
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