

Applicant Name: _____

NAIC No.: _____
FEIN: _____

**Uniform Certificate of Authority Application
CERTIFICATE OF DEPOSIT**

I, Jim Riesberg, Commissioner of Insurance
Name Title

for the State of Colorado, hereby certify that

Dental Concern, Inc.

has on deposit through this office securities having par value of \$710,000 and a market value of

\$726,749 held on December 31, 2011
Date

for the benefit of all Policyholders in accordance with the laws of this state.

A listing of said securities is attached and made part of this Certificate. **

In witness whereof, I have hereunto set my hand and affixed the official seal of my office in

Denver, Colorado
City, State

this 23rd day of January, 2012.



Jim Riesberg

Signature

* Any state relying upon this deposit must notify the State completing this Certificate prior to granting the insurer a Certificate of Authority. This Certificate does not guarantee the deposit balance subsequent to the aforementioned date as a result of the release of securities as authorized by this State.

** Listing should include a detailed description, including CUSIP number (if available), par value, and/or amortized value and/or market value for each security listed based on the information maintained by this state.

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<u>ORG NAME</u>	<u>NAIC #</u>	<u>Reason</u>	<u>Deposit Type</u>	<u>Cusip</u>	<u>Rate</u>	<u>Maturity</u>	<u>Par Value</u>	<u>Market Value</u>
Dental Concern, Inc. (The)	54739	STAT	TNOTE	912828gw4	4.875	6/30/2012	\$710,000	\$726,749

\$710,000	\$726,749
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