



# *Certificate of Authority* *State of Wisconsin*

Office of the Commissioner of Insurance

Certificate No.: [REDACTED]  
Date Issued: 07/30/08  
License Chapter: 611 Wis. Stat.

This is to Certify, That pursuant to the Insurance Laws of the state of Wisconsin,

***SeniorDent Dental Plan, Inc.***

***Wisconsin***

Has paid the fees and taxes required by law and that it is hereby authorized to transact the business of:

Dental Disability

Subject to the following limitations:

**None**

In the state of Wisconsin as long as the insurer continues to conform to the authority granted by this certificate, is in full compliance with all, and not in violation of any, of the applicable laws and lawful requirements made under authority of the laws of the state of Wisconsin.

Commissioner of Insurance