

**DENTAL PLAN\***  
**ENROLLMENT INSTRUCTIONS**

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**Please Type or Print Clearly using only Black Ink, DO NOT USE Felt Tip Pens.**

**MEMBER /  
APPLICANT  
INFORMATION:**

Member/Applicant: \_\_\_\_\_  
Local REALTOR® Assoc. Name: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Requested effective date of coverage: 1<sup>st</sup> of \_\_\_\_\_

New Enrollee [  ]      Current Benefits Store Member Changing Plans [  ]

Remember to attach your business card and this form to your application  
The applicant must be a member of a Local REALTOR® Association or a W2 Employee  
of a member firm.

**SELECTING  
YOUR PLAN:**

[  ] Prime Star Dental

**COMPLETING THE  
APPLICATION:**

**USE BLACK INK AND COMPLETE ALL SECTIONS**

**EFFECTIVE  
DATE OF  
COVERAGE:**

**Applications are accepted (must be received in our office) be the 15th of the current month for coverage to be effective the 1<sup>st</sup> of the following month.**

To avoid confusion about the effective date of coverage, make sure to clearly show the requested effective date of coverage you are applying for on the application, your premium check and this form.

**Applications are batched by group to the insurers monthly. Any application received after the 15<sup>th</sup> of the current month will be part of the next month's application batch.**

**TO EN ROLL:**

Review the application for accuracy, sign, date, and return to us with your premium. **Make Checks Payable to Security Life Insurance Company.**

**U.S. MAIL (1<sup>st</sup> Class or Priority)**

ATTN: ENROLLMENT  
Benefits Store, Inc.  
PO Box 68, Orinda, CA 94563-0068

**OVERNIGHT/EXPRESS DELIVERY ONLY**

ATTN: ENROLLMENT  
Benefits Store, Inc.  
85 High Eagle Road, Alamo, CA 94507-2009

**PROCESSING  
REQUIREMENT:**

**NOTE: Incomplete applications or applications without the correct premium included cannot be processed.**

**One (1) months premium is required with your application.**

# DENTAL PLAN\*

## ENROLLMENT INSTRUCTIONS

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**PROCESSING:**

Allow 7 business days after the 15<sup>th</sup> of the current month for the processing of your application and for you to appear in the Dental Plan's database. An Email Confirmation will be automatically generated to you with your group policy number and plan information. DON'T DELAY – ENROLL TODAY! To avoid this delay we urge you to submit your application to us as soon as possible.

**You should not cancel your current coverage until you are notified of your new coverage.**

**For verification of your new coverage, E-mail:**

**[Enrollment@BenefitsStore.com](mailto:Enrollment@BenefitsStore.com)**

\*This program is a special benefit for members of local REALTOR® Associations within California. Refer to the Enrollment Materials and Benefit Booklet for a complete description of the plans. Be advised that your Association, Benefits Store, Inc. and their agents do not control premiums or coverage provided by these plans. Association members participating in these plans do so voluntarily.

# Prime Star<sup>®</sup>

## Personal Dental Insurance Plans

Underwritten by Security Life Insurance Company of America,  
10901 Red Circle Dr., Minnetonka, Minnesota, 55343

★ No Enrollment Fee

★ Optional Vision Coverage

★ Includes Coverage for All Ages

★ Freedom to Choose Any Dentist

★ Up to \$2,000 Annual Maximum

★ No Waiting Periods for Most Services

Dental Benefits

| Class A - Preventive Services   | Elite     | Premier | Select    |
|---|-----------|---------|-----------|
| Initial & Periodic Exams (2 per year), Cleanings (2 per year),<br>Fluoride Treatments (to age 16), Sealants (no age limitation) |           |         |           |
| Benefit Year One  | 100%      | 100%    | 75%       |
| Benefit Year Two  | 100%      | 100%    | 85%       |
| Benefit Year Three and Each Benefit Year Thereafter   | 100%      | 100%    | 100%      |
| Deductible - Lifetime per Insured   | \$50      | \$50    | \$50      |
| Class B - Basic Services  | Elite     | Premier | Select    |
| X-rays, Fillings, Simple Extractions  |           |         |           |
| Benefit Year One  | 35%       | 35%     | 25%       |
| Benefit Year Two  | 65%       | 50%     | 35%       |
| Benefit Year Three and Each Benefit Year Thereafter   | 80%       | 65%     | 50%       |
| Deductible - Each Calendar Year per Insured*  | \$50/yr   | \$50/yr | \$50/yr   |
| Class C - Major Services  | Elite     | Premier | Select    |
| Oral Surgery, Endodontics, Periodontics, Crowns, Bridges, Dentures  |           |         |           |
| Benefit Year One  | 15%       | 10%     | 10%       |
| Benefit Year Two  | 50%       | 25%     | 25%       |
| Benefit Year Three and Each Benefit Year Thereafter   | 50%       | 50%     | 50%       |
| Deductible - Each Calendar Year per Insured*  | \$50/yr   | \$50/yr | \$50/yr   |
| Class D - Orthodontic Services  | Elite     | Premier | Select    |
| Straightening of Teeth (for children under age 19)  | Not       |         | Not       |
| Benefit Year One  | Available | 0%      | Available |
| Benefit Year Two  | Under     | 0%      | Under     |
| Benefit Year Three and Each Benefit Year Thereafter   | This Plan | 50%     | This Plan |
| Calendar Year Maximums  |           |         |           |
| Calendar Year Maximum for Classes A, B and C Combined   | \$1,000   | \$1,000 | \$1,000   |
| Calendar Year Maximum for Class C - Major Services  | \$500     | \$500   | \$500     |
| Calendar Year Maximum for Class D   | -         | \$500   | -         |
| Lifetime Maximum Per Child for Class D  | -         | \$1,000 | -         |

### Calendar Year Maximum Increase Option

You may increase the Calendar Year Maximum benefit, per individual, for an additional monthly fee  
Option 1 - Increase Classes A, B & C to \$1,500 with Class C Major Services limited to \$750  
Option 2 - Increase Classes A, B & C to \$2,000 with Class C Major Services limited to \$1,000

\*DEDUCTIBLE Class B & C Deductible is combined for each calendar year.  
A maximum of 3 individual deductibles per family shall apply.  
WAITING PERIODS Class A, B & C None, Class D Orthodontics - 24 months

Optional Vision Benefits Rider

| Class A - Vision Exams - 1 per year  | Elite   | Premier | Select  |
|--|---------|---------|---------|
| Benefit Year One and Each Benefit Year Thereafter                              | 100%    | 85%     | 85%     |
| Class B - Lenses and Frames - 1 pair every 2 years                             |         |         |         |
| Benefit Year One and Each Benefit Year Thereafter                              | 50%     | 50%     | 50%     |
| Class C - Contact Lenses - 1 pair every 2 years (in lieu of frames and lenses) |         |         |         |
| Benefit Year One and Each Benefit Year Thereafter                              | 50%     | 50%     | 50%     |
| Calendar Year Deductible   | \$50/yr | \$50/yr | \$50/yr |
| Calendar Year Maximum for Classes A, B and C                                   | \$200   | \$150   | \$150   |
| Waiting Periods - Class A - None, Class B & C - 15 Months                      |         |         |         |

**The Benefits Store, Inc.**

**P.O. Box 68**

**Orinda, CA 94563**

**800-446-2663**

**www.BenefitsStore.com**

- Vision rider is not a standalone benefit.
- State Exceptions: Premier Plan is not available in South Dakota. Optional Vision Benefits are not available in Maryland or South Dakota.
- The plans provide for an increase in coinsurance levels based upon each Benefit Year of coverage. Benefit Year begins with each insured's effective date and continues for 12 months. Each primary insured and dependent will have their own Benefit Year beginning with their specific effective date of coverage.
- This plan reimburses at the percentages shown for covered dental expenses based upon the Reasonable and Customary (R&C) fees for those covered expenses. Reasonable and Customary means the usual, customary and regular charges for the area where such expenses are incurred.

**For more information contact:**

800-446-2663

www.BenefitsStore.com

## IMPORTANT INFORMATION

### ELIGIBILITY

Individuals, 18 years of age or older, plus their eligible dependents (spouse and/or unmarried children from birth to age 19; extended to age 23 if child is a full-time student). This is subject to individual state regulations.

### PRETREATMENT REVIEW

If the Course of Treatment will exceed the amount shown in the Coverage Schedule, We will request prior review. We must be given the Dentist's treatment plan consisting of a description of the planned treatment with estimated charges and diagnostic x-rays. We will determine Eligible Expenses and state how much We will pay for the treatment. Our determination may suggest an alternate, less expensive Course of Treatment if it will produce professionally satisfactory results. If You do not request a pretreatment review, We will pay for the least expensive method of treatment regardless of the method actually used.

### ALTERNATE BENEFIT

If: 1) We determine that a less expensive alternate procedure, service or Course of Treatment can be performed in place of the proposed treatment to correct a dental condition; and 2) the alternate treatment will produce a professionally satisfactory result; then the maximum We will allow will be the charges for the less expensive treatment.

### COORDINATION OF BENEFITS

This Plan will be coordinated with any other group, blanket or franchise plan under which an Individual will receive benefits.

## Dental Insurance Protection for You and Your Family

### DENTAL EXCLUSIONS AND LIMITATIONS

- Charges in excess of those considered Reasonable and Customary
- Cosmetic procedures
- The replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function
- Implants and for replacement of lost or stolen appliances, replacement of retainers, athletic mouthguards, precision or semi-precision attachments, denture duplication
- Missing Tooth - When covered under your plan, benefits are provided for placement of dentures, fixed bridgework, implants or the addition of teeth to existing dentures only when the service includes replacement of a natural tooth extracted or lost while covered under this plan. This limitation ends after the individual receiving care has been covered under this plan for 36 consecutive months.
- Overdentures and associated procedures
- Oral hygiene instructions, and for: plaque control, completion of a claim form, acid etch, broken appointments, prescription or take-home fluoride, or diagnostic photographs
- Services not completed by the end of the month in which coverage ends unless continuation of coverage has been requested and accepted by Us
- Procedures that are begun, but not completed
- Services and treatment provided without charge, or for which there would be no charge in the absence of insurance
- Services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries
- A condition covered under any Worker's Compensation Act or similar law
- That are applied toward satisfaction of a Deductible, if any
- That are generally considered by the dental profession as experimental or investigational
- The treatment of cleft palate and anodontia
- Services or supplies payable under any medical expense plan
- Orthodontia, unless included within the Coverage Schedule
- Services rendered prior to the date the Insured is covered under the Policy
- The diagnosis or treatment of Temporomandibular Joint Dysfunction (TMJD)
- Hospital services
- If You voluntarily end Your insurance, You will not be eligible to re-enroll for a period of 2 years after the date Your coverage first ended and
- Charges for infection control, sterilization, and waste disposal.

### VISION EXCLUSIONS AND LIMITATIONS

The cost of a lens in excess of a standard lens will not be covered. A standard lens is any lens which fits a frame with an eye size less than 61mm. Charges for replacement lenses will not be covered unless there is a change in prescription.

The cost of a frame in excess of a standard frame will not be covered. A standard frame is any frame which has a retail value of \$75.00 or less. The cost of replacement frames will not be covered, unless the existing frame is not compatible with the replacement lenses.

In addition to the above, the following expenses are not covered:

- Any procedure, service or supply included as a covered medical expense under any group insurance plan, whether benefits are payable as to all or only part of such charges;
- Special procedures, such as orthoptics, vision training and subnormal vision aids;
- Plano or prescription sunglasses or other special purpose vision aids;
- Medical or surgical treatment of the eyes including hospital expenses;
- Replacement of lost or broken lenses and/or frames;
- Duplicate glasses or lenses or frames; and
- Services or materials not listed as an Eligible Expense.

This brochure provides a very brief description of some important features of your Plan. It is not the Insurance Contract nor does it represent the Contract. A full explanation of benefits, exceptions and limitations is contained in the Certificate of Insurance under Group Policy Form GH-1112. A specimen copy is available upon request.

Some provisions may vary by state. This Dental Plan may not be available in all states.

No agent has the authority to change any benefits, to bind coverage with Security Life Insurance Company of America or to promise a certain effective date.

**Security Life Insurance Company of America, Minnetonka, MN  
PrimeStar Enrollment Form**

**Plan Selection:**  Elite  Premier  Select  
 Vision Option

**I apply for coverage on:**  Applicant Only  Applicant and Spouse  
 Applicant and Child(ren)  Applicant and Family

**Optional Calendar Year Maximum Increase Selection**  \$1,500  \$2,000

**APPLICANT INFORMATION (PLEASE PRINT CLEARLY)**

|                                |  |            |  |  |  |  |  |
|--------------------------------|--|------------|--|--|--|--|--|
| Last Name                      |  | First Name |  | Initial  |  | Birth Date<br>/ /  |  |
| Address                        |  |            |  | Telephone Number   |  | Sex: M <input type="checkbox"/> F <input type="checkbox"/> |  |
| City                           |  |            |  | State  |  | Zip  |  |
| Billing Address (If Different) |  | City       |  | State  |  | Zip  |  |
|                                |  |            |  | Marital Status<br>Married <input type="checkbox"/> Single <input type="checkbox"/> |  |  |  |

**LIST ALL YOUR ELIGIBLE DEPENDENTS BELOW**

| Last Name (If Different) | First Name | Initial | Sex M/F | Age | Birth Date<br>/ / |
|--------------------------|------------|---------|---------|-----|-------------------|
| Spouse                   |            |         |         |     | / /               |
| Dependent                |            |         |         |     | / /               |
| Dependent                |            |         |         |     | / /               |
| Dependent                |            |         |         |     | / /               |
| Dependent                |            |         |         |     | / /               |

Does Spouse have a dental plan: Yes  No  With Whom? \_\_\_\_\_  
 If answer is "Yes", are dependents enrolled under spouses plan? Yes  No   
 Do you claim a tax exemption for all eligible dependents listed above? Yes  No  If no, who is not? \_\_\_\_\_  
 All dependent children over age 18 are full-time students. Yes  No  If no, who is not? \_\_\_\_\_

**IMPORTANT FRAUD NOTICES**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado** - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**District of Columbia** - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Kentucky** - Any person who knowingly and with intent to defraud any insurer or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime.

**New Mexico** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Ohio** - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Pennsylvania** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Tennessee/ Virginia** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**IMPORTANT INFORMATION**

**Effective Date** – The effective date is the first of the month following the day in which the application is received in the Service Center Office.

**Identification Card and Certificate of Insurance** - Upon receipt of your completed application you will receive a copy of your Certificate of Insurance and Identification Card(s).

Do not cancel any other dental coverage you may have until you receive written confirmation from Security Life. Please allow 3-4 weeks for processing.

**By my signature below, I hereby apply for coverage under Group Dental Insurance Policy GH-1112-38060 issued to the Voluntary Group Trust. I also certify I have read the applicable Fraud Notice above.**

**California Law prohibits an HIV Test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please refer to the reverse side for payment options and agent information**



# PRIMESTAR PERSONAL DENTAL - PREMIUM RATE TABLE

For effective dates April 1, 2009 through August 1, 2009

**FOR ALL STATES EXCEPT MARYLAND, NORTH CAROLINA, NORTH DAKOTA,  
SOUTH DAKOTA, WASHINGTON**

*(Please request separate rate sheets for the above states)*

**Monthly Premiums illustrated are guaranteed for the initial twelve (12) months of coverage. Thereafter, premiums are likely to increase on a semi-annual basis.**

| RATE CHART          |                |                       | Area 1   | Area 2    | Area 3    | Area 4    | Area 5    | Area 6    | Area 7    | Area 8    |
|---------------------|----------------|-----------------------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>UNDER AGE 65</b> | <b>ELITE</b>   | Applicant Only        | \$ 27.00 | \$ 30.00  | \$ 32.00  | \$ 36.00  | \$ 40.00  | \$ 44.00  | \$ 49.00  | \$ 54.00  |
|                     |                | Applicant+Spouse      | \$ 56.00 | \$ 61.00  | \$ 67.00  | \$ 75.00  | \$ 81.00  | \$ 90.00  | \$ 99.00  | \$ 108.00 |
|                     |                | Applicant+ Child(ren) | \$ 62.00 | \$ 66.00  | \$ 73.00  | \$ 79.00  | \$ 88.00  | \$ 96.00  | \$ 106.00 | \$ 117.00 |
|                     |                | Applicant + Family    | \$ 95.00 | \$ 103.00 | \$ 113.00 | \$ 124.00 | \$ 138.00 | \$ 150.00 | \$ 166.00 | \$ 183.00 |
|                     | <b>PREMIER</b> | Applicant Only        | \$ 23.00 | \$ 25.00  | \$ 27.00  | \$ 30.00  | \$ 34.00  | \$ 37.00  | \$ 41.00  | \$ 45.00  |
|                     |                | Applicant+Spouse      | \$ 47.00 | \$ 51.00  | \$ 56.00  | \$ 63.00  | \$ 68.00  | \$ 76.00  | \$ 83.00  | \$ 91.00  |
|                     |                | Applicant+ Child(ren) | \$ 56.00 | \$ 60.00  | \$ 66.00  | \$ 72.00  | \$ 80.00  | \$ 87.00  | \$ 96.00  | \$ 106.00 |
|                     |                | Applicant + Family    | \$ 84.00 | \$ 91.00  | \$ 100.00 | \$ 110.00 | \$ 122.00 | \$ 133.00 | \$ 147.00 | \$ 162.00 |
|                     | <b>SELECT</b>  | Applicant Only        | \$ 20.00 | \$ 23.00  | \$ 25.00  | \$ 26.00  | \$ 29.00  | \$ 33.00  | \$ 36.00  | \$ 40.00  |
|                     |                | Applicant+Spouse      | \$ 41.00 | \$ 46.00  | \$ 49.00  | \$ 56.00  | \$ 60.00  | \$ 66.00  | \$ 72.00  | \$ 80.00  |
|                     |                | Applicant+ Child(ren) | \$ 43.00 | \$ 47.00  | \$ 51.00  | \$ 56.00  | \$ 63.00  | \$ 68.00  | \$ 76.00  | \$ 83.00  |
|                     |                | Applicant + Family    | \$ 67.00 | \$ 75.00  | \$ 82.00  | \$ 90.00  | \$ 99.00  | \$ 108.00 | \$ 120.00 | \$ 131.00 |
| <b>65 AND OVER</b>  | <b>ELITE</b>   | Applicant Only        | \$ 30.00 | \$ 32.00  | \$ 36.00  | \$ 40.00  | \$ 44.00  | \$ 49.00  | \$ 54.00  | \$ 57.00  |
|                     |                | Applicant+Spouse      | \$ 62.00 | \$ 67.00  | \$ 75.00  | \$ 81.00  | \$ 90.00  | \$ 99.00  | \$ 108.00 | \$ 119.00 |
|                     | <b>PREMIER</b> | Applicant Only        | \$ 25.00 | \$ 27.00  | \$ 30.00  | \$ 34.00  | \$ 37.00  | \$ 41.00  | \$ 45.00  | \$ 48.00  |
|                     |                | Applicant+Spouse      | \$ 52.00 | \$ 56.00  | \$ 63.00  | \$ 68.00  | \$ 76.00  | \$ 83.00  | \$ 91.00  | \$ 100.00 |
|                     | <b>SELECT</b>  | Applicant Only        | \$ 22.00 | \$ 25.00  | \$ 26.00  | \$ 29.00  | \$ 33.00  | \$ 36.00  | \$ 40.00  | \$ 44.00  |
|                     |                | Applicant+Spouse      | \$ 46.00 | \$ 49.00  | \$ 56.00  | \$ 61.00  | \$ 66.00  | \$ 72.00  | \$ 80.00  | \$ 88.00  |

| Optional Vision Rates for All Ages |                       |          |                                   |                       |          |
|------------------------------------|-----------------------|----------|-----------------------------------|-----------------------|----------|
| <b>Elite Plan</b>                  | Applicant Only        | \$ 6.00  | <b>Premier &amp; Select Plans</b> | Applicant Only        | \$ 5.00  |
|                                    | Applicant+Spouse      | \$ 13.00 |                                   | Applicant+Spouse      | \$ 10.00 |
|                                    | Applicant+ Child(ren) | \$ 13.00 |                                   | Applicant+ Child(ren) | \$ 10.00 |
|                                    | Applicant + Family    | \$ 17.00 |                                   | Applicant + Family    | \$ 13.00 |

| ZIP CODE AREA CHART |      |                      |      |                  |      |                    |      |                   |      |                     |      |                      |      |
|---------------------|------|----------------------|------|------------------|------|--------------------|------|-------------------|------|---------------------|------|----------------------|------|
| State & Zip         | Area | State & Zip          | Area | State & Zip      | Area | State & Zip        | Area | State & Zip       | Area | State & Zip         | Area | State & Zip          | Area |
| <b>Alabama</b>      |      | <b>California</b>    |      | <b>Illinois</b>  |      | <b>Michigan</b>    |      | <b>Nebraska</b>   | 1    | <b>Pennsylvania</b> |      | <b>Virginia</b>      |      |
| 350-355             | 3    | 943-948              | 4    | 600-605          | 2    | 480-483            | 2    | <b>Nevada</b>     |      | 170-178             | 2    | 222-223              | 6    |
| 359                 | 3    | 949, 961             | 6    | 606-608          | 3    | 490-491            | 2    | 890-891           | 2    | 182-187             | 2    | 224-225              | 1    |
| All Others          | 1    | 956-958              | 3    | All Others       | 1    | 488-489            | 3    | 894-895           | 6    | 190-192             | 3    | 230-232              | 1    |
| <b>Alaska</b>       |      | 959                  | 4    | <b>Indiana</b>   |      | All Others         | 1    | 898               | 6    | All Others          | 1    | 228-229              | 2    |
| 995-996             | 8    | All Others           | 5    | 463-464          | 2    | <b>Minnesota</b>   |      | All Others        | 4    | <b>So. Carolina</b> | 1    | 240-244              | 2    |
| All Others          | 6    | <b>Colorado</b>      |      | 473              | 3    | 553-558            | 2    | <b>New Mexico</b> |      | <b>Tennessee</b>    |      | 233-237              | 5    |
| <b>Arizona</b>      |      | 803                  | 4    | All Others       | 1    | 564, 566           | 2    | 881               | 2    | 373-374             | 2    | All Others           | 4    |
| 856-857             | 2    | 808-810              | 4    | <b>Iowa</b>      | 1    | All Others         | 1    | 882               | 5    | All Others          | 1    | <b>West Virginia</b> |      |
| 864                 | 2    | All Others           | 1    | <b>Kansas</b>    |      | <b>Mississippi</b> |      | All Others        | 1    | <b>Texas</b>        |      | 255-257              | 4    |
| All Others          | 1    | <b>Delaware</b>      | 2    | 660-662          | 2    | 390-392            | 2    | <b>Ohio</b>       | 1    | 751-753             | 3    | 262-265              | 3    |
| <b>Arkansas</b>     | 1    | <b>Dist Columbia</b> | 6    | All Others       | 1    | All Others         | 1    | <b>Oklahoma</b>   |      | 754                 | 4    | All Others           | 2    |
| <b>California</b>   |      | <b>Georgia</b>       |      | <b>Kentucky</b>  | 1    | <b>Missouri</b>    |      | 740-743           | 2    | 756-757             | 1    | <b>Wisconsin</b>     | 1    |
| 900-905             | 7    | 300-303              | 2    | <b>Louisiana</b> |      | 640-641            | 2    | All Others        | 1    | 776-777             | 1    | <b>Wyoming</b>       | 1    |
| 906-914             | 6    | 307, 311             | 2    | 707-711          | 2    | 644-649            | 2    | <b>Oregon</b>     |      | All Others          | 2    |                      |      |
| 915-916             | 8    | All Others           | 1    | 712              | 3    | All Others         | 1    | 977               | 3    | <b>Utah</b>         | 1    |                      |      |
| 917-918             | 4    | <b>Hawaii</b>        | 3    | All Others       | 1    | <b>Montana</b>     |      | 978               | 1    | <b>Virginia</b>     |      |                      |      |
| 919-927             | 6    | <b>Idaho</b>         | 1    |                  |      | 590-591            | 1    | All Others        | 2    | 201                 | 5    |                      |      |
| 930-934             | 6    |                      |      |                  |      | 599                | 2    |                   |      | 220-221             | 5    |                      |      |
| 939                 | 6    |                      |      |                  |      | All Others         | 3    |                   |      |                     |      |                      |      |