Applicant Name:		NAIC No. FEIN:
	ertificate of Authority OF LOST CERTIFIC	
STATE OF	)	
COUNTY OF	)	
BEFORE ME, the undersigned authority, or	n this day personally appea	ared,
who after being by me duly sworn upon oath	h deposes and states:	
That he/she is the		of
(Position	n with Company)	
(Name	of Company)	,
(City of Domicile)	,	(State of Domicile)
made for the current Certificate of Authority  This said Certificate of Authority, issued in	y issued to said corporation  , cannot be located (Year)	ds of said corporation and that diligent search has been by the  (State Department of Insurance)  ated and is considered lost, misplaced or destroyed, and
it is therefore impossible to surrender said C	Certificate to the	(State Department of Insurance)
In the event that the original Certificate of A	Authority is located, the Co	ompany will immediately return the Certificate of
Authority to the(State Depa	rtment of Insurance)	·
DATED this day of	, 20	
		(Signature)
STATE OF	)	
COUNTY OF	)	
This instrument was acknowledged before, person above instrument and that the statements and belief.	e me by means of physically known to me, who, but discussed answers contained therein	sical presence or online notarization, the above named eing duly sworn, deposes and says that he/she executed the in, are true and correct to the best of his/her knowledge and
Subscribed and sworn to before me this	day of	, 20
		(Notary Public)

(SEAL) My commission expires: