

Texas Department of Insurance

Financial, Company Licensing & Registration, Mail Code 305-2C 333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104 512-322-3507 telephone • 512-322-3550 fax • www.tdi.state.tx.us

AFFIDAVIT OF LOST CERTIFICATE OF AUTHORITY

THE STATE OF		}	
COUNTY OF		. }	
BEFORE ME, the undersigned	l authority, on this day p	personally appeared	
who after being by me duly sw	orn upon oath deposes	and states:	
That he/she is the (Position with Company)			of
	(Position with Company)		
	(Name	e of Company)	
(City)		· · · · · · · · · · · · · · · · · · ·	(State) ,
and that he/she has custody and	d control of the minutes	s and other records of said corporati	on and that diligent search
has been made for the current	Certificate of Authority	issued to said corporation by the Te	exas Department of
			<u> </u>
This said Certificate of Author	ity has been lost or dest	troyed and it is therefore impossible	to surrender said
Certificate to the Texas Depart	ment of Insurance.		
_			, 20
State of		(Signature)	
County of			
	being duly sworn, depo	oses and says that he/she executed the true and correct to the best of his/he	
Subscribed and sworn to befor	e me this	day of	, 20
(SEAL)		(Notary Public) My commission expires	

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