



LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON

COMMISSIONER

**AFFIDAVIT OF LOSS OF ORIGINAL  
CERTIFICATE OF AUTHORITY OR APPROVAL**

STATE OF \_\_\_\_\_

COUNTY OR PARISH OF \_\_\_\_\_

We, \_\_\_\_\_,  
as President and \_\_\_\_\_,  
, as Secretary of \_\_\_\_\_,  
, an insurance company organized under the laws of \_\_\_\_\_, do  
hereby certify that after a diligent search, it has been determined the original Certificate of Authority or  
Approval issued to said company by the State of Louisiana has been lost or destroyed and cannot be located.

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Company President's Signature

\_\_\_\_\_  
Witness' Printed Name

\_\_\_\_\_  
Company President's Printed Name

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Company Secretary's Signature

\_\_\_\_\_  
Witness' Printed Name

\_\_\_\_\_  
Company Secretary's Printed Name

SWORN TO and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Notary Public's Printed Name

My Commission Expires \_\_\_\_\_