J. ROBERT WOOLEY
COMMISSIONER OF INSURANCE
STATE OF LOUISIANA

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Baton Rouge, Louisiana 70804-9214
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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 _____
mm/dd/yyyy