



STATE OF TENNESSEE  
**DEPARTMENT OF COMMERCE AND INSURANCE**  
Financial Affairs Section / Analytical Unit 0576  
500 James Robertson Parkway, 4<sup>th</sup> Floor  
Nashville, Tennessee 37243  
(615) 741-1633

Date:  
Insurance Company:  
Company Contact:  
Address:  
City, State Zip:

**RE: AFFIDAVIT OF LOST OR MISPLACED CERTIFICATE OF AUTHORITY**

To Whom It May Concern:

This Department has been notified of the loss of the Certificate of Authority issued by this Department to Sample Insurance Company. An Affidavit of Lost or Misplaced Certificate of Authority must be filed with this Department before a replacement Certificate of Authority will be issued.

1. The Affidavit must be completed and signed by a principal officer of the company.
2. The Affidavit must bear original (not photocopied) signatures.
3. The Affidavit must be notarized.
4. Upon completion of this process, the company will be billed the fee for replacing the company's Certificate of Authority if applicable, which is the greater of ninety dollars (\$90.00) or Retaliatory.

**AFFIDAVIT OF LOST OR MISPLACED CERTIFICATE OF AUTHORITY**

The undersigned hereby affirms as follows:

1. I am the \_\_\_\_\_ of  
(Principal Officer's Title – Please Print)

**Sample Insurance Company** (the "Company"), a company licensed in the State of Tennessee (the "State") and domiciled in the **Domiciliary State**.

2. A diligent search has been made in the Company's files to locate the original Certificate of Authority ("COA") of the Company, as issued by the State. The original COA could not be located in our files, and is therefore considered to be Lost or Misplaced. In the event that the original COA is located, the Company will return the COA to the Department of Insurance in the State.

\_\_\_\_\_  
(Principal Officer's Name – Please Print)

\_\_\_\_\_  
(Principal Officer's Signature)

(Notary Seal)

SWORN AND SUBSCRIBED before me on this,

the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires: \_\_\_\_\_