

State of Delaware

Department of Insurance

AFFIDAVIT OF LOST LICENSE

I, _____, in my capacity as _____ of _____ hereby certify that I am the keeper of the corporate records for _____ and that a diligent search has been made for License No. _____ issued by the Delaware Department of Insurance. This said License issued in _____ cannot be located and is considered lost, misplaced or destroyed. In the event that the original License is ever located it will be immediately returned to the Delaware Department of Insurance.

DATED this _____ day of _____, 20_____

(Signature)

STATE OF _____)

COUNTY OF _____)

Personally appeared before me the above named _____, personally known to me, who, being duly sworn, deposes and says that he/she executed the above instrument and that the statements and answers contained therein, are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20_____

(Notary Public)

(SEAL) My commission expires: