

Karen Weldin Stewart, CIR-ML  
Commissioner



Delaware Department of Insurance

### WITHDRAWAL OF A NON-DELAWARE DOMESTIC INSURANCE COMPANY

The following documents are required to file an application to withdraw a Delaware Certificate of Authority to do business in the State of Delaware:

- Letter outlining the reason for the request to withdraw addressed to the attention of Linda Sizemore, CPA, CFE, and Chief Financial Examiner and Acting Director of Company Regulation.
- Return original Delaware Certificate of Authority presently issued to the Company. If the original cannot be located, complete and return attached UCAA Form 15.
- Notarized statement signed by an Officer of the Company stating there are no outstanding policies, claims and related liabilities in the State of Delaware.
- If policies are in force, submit documentation regarding transfer or assumption of existing business, or summary of company's plan to run-off any existing business.

If you have any questions regarding the above, please contact:

Dorothy J. Speight  
Insurance Compliance Specialist  
(302)674-7344, FAX: 302-739-2709  
[Dorothy.Speight@state.de.us](mailto:Dorothy.Speight@state.de.us)

Dated: June 11, 2010

Applicant Name: \_\_\_\_\_

NAIC No.: \_\_\_\_\_

FEIN: \_\_\_\_\_

**AFFIDAVIT OF LOST CERTIFICATE OF AUTHORITY**

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

COUNTY OF \_\_\_\_\_ )

BEFORE ME, the undersigned authority, on this day personally appeared

\_\_\_\_\_

who after being by me duly sworn upon oath deposes and states:

That he/she is the \_\_\_\_\_ of  
(Position with Company)

\_\_\_\_\_  
(Name of Company)

\_\_\_\_\_, \_\_\_\_\_  
(City of domicile) (State of domicile)

and that he/she has custody and control of the minutes and other records of said corporation and that diligent search has been made for the current Certificate of Authority issued to said corporation by the \_\_\_\_\_  
(State Department of Insurance)

This said Certificate of Authority, issued in \_\_\_\_\_, can not be located and is considered lost, misplaced or  
(Year)

destroyed and it is therefore impossible to surrender said Certificate to the \_\_\_\_\_. In the event  
(State Department of Insurance)

that original Certificate of Authority is located, the company will immediately return the Certificate of Authority to the

\_\_\_\_\_  
(State Department of Insurance)

DATED this the \_\_\_\_\_ 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: \_\_\_\_\_