

**State of Vermont Department of Financial Regulation**89 Main Street
Montpelier, VT 05620-3101

For consumer assistance:

[Banking] 888-568-4547

[Insurance] 800-964-1784

[Securities] 877-550-3907

www.dfr.vermont.gov

## **Affidavit of Lost Certificate of Authority**

WHEREAS,	(company) is a foreign insurer domiciled
and principally located in the State of	(company) is a foreign insurer domiciled, and
WHEREAS, on the day of, from its transport name of	the company changed its name, through official ts former corporate name of, and
to its present name of	, and
	Regulation issued an Original Certificate of Authority to(company) to transact business in the State of Vermont,
and	
Regulation so that it may amend and return the Certi	Authority is required by the Vermont Department of Financial ficate of Authority to ompany) with the new corporate name of the company, and
(company) is unable to locate its original Vermont C	·
NOW THEREFORE,	(company) through the sworn (officer),(name), a duly authorized
statement of its	(officer),(name), a duly authorized
officer of the company, declares that the original cop	by of its Vermont Certificate of Authority is lost.
State of)	
) SS: County of)	
I,, the	, of
	uthority issued by the State of Vermont Department of Financial
Signature:	Date:



The above officer of	(company),	(name)
know to me, personally appeared before me on this date and i		Lost Certificate of
Authority as his free act and deed. Subscribed and sworn to n	ne at,	:
Signature:		
Notary Public		
Printed Name:		
	at	ffix seal here
My Commission Expires on:		