



**Attn: TPA Registration Team**  
**Arizona Department of Insurance**  
 2910 North 44<sup>th</sup> Street, Suite 210  
 Phoenix, Arizona 85018-7269

Phone: (602) 364-3450  
 Email: [tpainformation@azinsurance.gov](mailto:tpainformation@azinsurance.gov)

**AFFIDAVIT OF LOST CERTIFICATE OF REGISTRATION**

State of \_\_\_\_\_ )  
 )  
 County of \_\_\_\_\_ ) **ss.**  
 )  
 \_\_\_\_\_ )

I, \_\_\_\_\_ (name of officer), being first duly sworn,  
 upon my oath depose and say:

- I am the \_\_\_\_\_ (title of officer) of  
 \_\_\_\_\_ (name of administrator) and am duly  
 authorized to execute this affidavit on its behalf.
- After due and diligent search, the Certificate of Registration issued to  
 \_\_\_\_\_ (name of administrator)  
 by the Arizona Department of Insurance effective \_\_\_\_\_,  
 (date issued), cannot be found.
- I recognize that a Certificate of Registration remains the property of the State of Arizona  
 and shall immediately deliver such Certificate of Registration to the Director of Insurance when  
 and if found.

Further affiant sayeth not.

\_\_\_\_\_  
 (Signature of officer)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 (Signature of Notary Public)

My commission expires:

\_\_\_\_\_