



## AFFIDAVIT OF LOST PBM CERTIFICATE

I, \_\_\_\_\_, in my capacity as \_\_\_\_\_  
(Name) (Title)

of \_\_\_\_\_ hereby certify that I am the keeper of the corporate  
(Pharmacy Benefits Manager Name)

records for \_\_\_\_\_ and that a diligent search has been made for Certificate No.  
(Pharmacy Benefits Manager Name)

\_\_\_\_\_ issued by the Delaware Department of Insurance.  
(Certificate #)

This said Certificate issued \_\_\_\_\_ cannot be located and is considered lost, misplaced  
or destroyed. (Date of Certificate)

In the event that the original Certificate 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: