



**STATE OF ARIZONA – DEPARTMENT OF INSURANCE
PROPERTY & CASUALTY DIVISION
2910 NORTH 44TH STREET – SUITE 210
PHOENIX, AZ 85018-7269
Telephone: (602) 364-3453; Facsimile; (602) 364-3989**

Annually, on or before April 1, insurers subject to A.R.S. § 20-1621.05(C)(1) shall complete this form and provide it to the Director of Insurance at the above address.

CERTIFICATION

I, _____, being duly sworn, avow that I am authorized
(Name of Person Completing the Form)

by _____ (NAIC #: _____)
(Complete Name of Insurer)

to certify to the Director of Insurance, pursuant A.R.S. § 20-1621.05(C)(1), that the rates set forth in Exhibit 1 and attached hereto: 1) do not exceed the prima facie rates established by the Director; and 2) are not inadequate or unfairly discriminatory. Further, the rates set forth in Exhibit 1 are the actual rates currently being applied by the aforementioned insurer. The attached rates are applicable to (check one):

| | |
|--------------------------|---------------------|
| <input type="checkbox"/> | Credit Property |
| <input type="checkbox"/> | Credit Unemployment |

All information provided herein and in all attachments hereto is true and correct to the best of my knowledge and belief.

(Signature of Person Completing Form) (Date)

_____/_____/_____
(Street or P.O. Box) (City) (State) (Zip)

(Telephone Number) (E Mail Address)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20____

BY _____ MY COMMISSION EXPIRES: ____/____/_____
(Signature of Notary)