



**DEPARTMENT OF INSURANCE
STATE OF ARIZONA**

Financial Affairs Division – Trust Deposit Unit
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www.azinsurance.gov

**ARIZONA SPECIAL SCHEDULE P INSTRUCTIONS FOR
FOREIGN OR ALIEN ACCREDITED OR QUALIFIED REINSURERS ONLY**

**THESE INSTRUCTIONS APPLY ONLY TO A COMPANY HOLDING AN
ARIZONA CERTIFICATE OF REINSURANCE ACCREDITATION**

OR

AN APPROVAL LETTER

ISSUED BY US AS A

QUALIFIED REINSURER TRUST [ARS § 20-261.01(A)(4)]

OR

QUALIFIED REINSURER BASED ON SURPLUS [ARS § 20-261.01(A)(3) & (6)]

See also: AAC R20-6-1601

You must file the form(s) below that apply to you by **April 15th**

When the due date falls on Saturday or Sunday, it is extended to the following Monday.

- a) **Form E-AR.WC** to certify you have not assumed or reinsured any Arizona workers' compensation insurance business. **Complete and sign this form below and mail it to the address shown above.**

or

- b) **Forms E478 and EWCA** to report Arizona workers' compensation insurance business assumed or reinsured by you. **These forms and instructions are available at <http://www.azinsurance.gov/insurers.html>**

Company Name:		NAIC#	
By signature below, I certify that the Company named above has never assumed or reinsured any ARIZONA workers' compensation insurance business.			
Type or Print Name and Title:			
Telephone:		Email:	
Signature:		Date:	