



**Financial Affairs Division**  
**Arizona Department of Insurance and Financial Institutions**  
 100 North 15<sup>th</sup> Avenue, Suite 261, Phoenix, Arizona 85007-2630  
 Phone: (602) 364-3999  
 Web: <https://insurance.az.gov>

**ANNUAL STATEMENT WORKSHEET FOR  
 DOMESTIC UNAFFILIATED CREDIT LIFE AND DISABILITY REINSURER**

ENTER THE CALENDAR YEAR FOR THIS ANNUAL STATEMENT WORKSHEET: \_\_\_\_\_

COMPANY: \_\_\_\_\_ NAIC#: \_\_\_\_\_ DOMICILE: AZ

Initial if  
 Enclosed  
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Initial at left for each item enclosed with Annual Statement

AGENCY  
 Use  
 Only  
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- A. **Annual Statement – 8-1/2" X 14"**  
**MUST BE FILED ELECTRONICALLY and INCLUDE THE FOLLOWING TO BE COMPLETE:**
1. Jurat Page
    - a. TWO executive officer original signatures (Names **must** be listed on Jurat Page)
    - b. Notary signature and stamp or seal

**THE FOLLOWING REPORTS MUST BE ATTACHED TO THIS WORKSHEET:**

- B. **Form E-UCLDR.CERT** Annual Certification and Affidavit of Verification  
**MUST INCLUDE TO BE COMPLETE:**
1. Original signatures of President & Secretary or provide a Corporate Resolution of Authorization for signers other than President & Secretary
  2. Notary signature and stamp or seal
- C. Copy of Financial Institution Statement of Trust Deposit and/or a copy of Letter(s) of Credit that secure reserves as required by ARS § 20-1094.01. If funds are withheld by ceding insurers, provide a copy of the cession statement(s) disclosing the amount of funds withheld
- D. **Form E-178 Certificate of Disclosure**  
**MUST BE FILED ELECTRONICALLY and INCLUDE THE FOLLOWING TO BE COMPLETE:**
1. Part A must be answered *yes* or *no* (If *yes*, must have attachment)
  2. Part B must be answered *yes* or *no* (If *yes*, must have attachment)
  3. TWO executive officer electronic signatures (Names **must** be on Jurat Page)

**PREPARED BY:**

\_\_\_\_\_  
 Name and Title

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Email address