Reset

ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

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 Filed ↓ ↓ ↓	Initial at left for each item included with the filing	AGENCY Use Only ↓ ↓ ↓
	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 signatures (Names **must** be listed on Jurat Page) b. Notary signature and stamp or seal	
_____	**THE FOLLOWING REPORTS MUST BE INCLUDED WITH THE FILING:** B. **Form E-UCLDR.CERT** Annual Certification and Affidavit of Verification **MUST INCLUDE TO BE COMPLETE:** 1. 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