



**Financial Affairs Division
Arizona Department of Insurance**

100 North 15th Avenue, Suite 102, Phoenix, Arizona 85007-2624

Phone: (602) 364-3999

Web: <https://insurance.az.gov>

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

File the forms listed below with the Annual Statement by **August 1** if your fiscal year end is **December 31st**, or **November 1** if your fiscal year ends on any other date:

<u>FORM #</u>	<u>FORM DESCRIPTION</u>
E-UCLDR.AS.....	Annual Statement Filings Worksheet
E-UCLDR.CERT.....	Annual Certification and Affidavit of Verification
E-178.....	Certificate of Disclosure

READ ALL INSTRUCTIONS BEFORE YOU PREPARE AND MAIL FILINGS.

1. **File** an abbreviated form of the NAIC Annual Statement Blank for Life and Accident and Health Insurers along with **Form E-UCLDR.AS**. The pages that must be filed are listed below, and the NAIC Annual Statement Instructions must be filed when completing them.

- Jurat Page
- Assets
- Liabilities, Surplus and Other Funds
- Summary of Operations; Capital and Surplus Account
- Cash Flow
- Analysis of Operations by Lines of Business
- Schedule E, Part 1, Cash
- Schedule E, Part 3, Special Deposits
- Schedule S, Part 1, Section 1 (Reinsurance Assumed, Life)
- Schedule S, Part 1, Section 2 (Reinsurance Assumed, Disability)
- Schedule S, Part 2 (Reinsurance Recoverable on Paid and Unpaid Losses)
- Schedule S, Part 3, Section 1 (Reinsurance Ceded, Life)
- Schedule S, Part 3, Section 2 (Reinsurance Ceded, Disability)
- Schedule Y, Part 1, Organizational Chart

Also **file** the following Notes to Financial Statements:

- Summary of Significant Accounting Policies
- Accounting Changes and Correction of Errors
- Information Concerning Parent, Subsidiaries and Affiliates
- Contingencies
- Events Subsequent
- Reinsurance
- Other items

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

2. **ALL RESERVES** must be secured by funds withheld, funds maintained in a trust account that comply with ARS § 20-1094.01, and/or clean, irrevocable and unconditional Letter(s) of Credit that accordance with ARS § 20-261.02(B). Ceding insurers should report reinsurance ceded to you as “unauthorized,” and report the reserves and reserve security in appropriate schedules in their Annual Statement (Schedule S, Part 4 of the Life and Health blank, and Schedule F, Part 5 of the P&C blank). **File** a copy of Financial Institution Statement of Trust Deposit secured for reserves in compliance with ARS § 20-261.02 and A.A.C. R20-6-1603, and/or a copy of Letter(s) of Credit that comply with ARS § 20-261.02 and A.A.C. R20-6-1604, and/or a copy of cession statement(s) disclosing the amount of funds withheld, as applicable, with the Annual Statement filing.
3. **CERTIFICATION OF DOMESTIC UNAFFILIATED CREDIT LIFE AND DISABILITY REINSURER [ARS § 20-1082(2)]** **Complete Form E-UCLDR.CERT** including the affidavit on page 2 **and file** it with the Annual Statement. The President and Secretary must sign the affidavit. If they cannot sign, attach a certified Corporate Resolution of Authorization for signers other than the President and Secretary.
4. **CERTIFICATE OF DISCLOSURE FORM E-178 (ARS § 20-233)** **E-mail** completed form to financialfilings@azinsurance.gov. **DO NOT send a hard copy.**

Name the document using this format “E178-NAIC Number-Insurer Name” (e.g. E178-55555-INSURERNAME).

Incomplete certificates will not be accepted and may result in statutory penalty of \$25 per day.