



**Financial Affairs Division
Arizona Department of Insurance**

2910 North 44th Street, Suite 210, Phoenix, Arizona 85018-7269

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

**CERTIFICATION OF DOMESTIC UNAFFILIATED CREDIT LIFE AND DISABILITY REINSURER
ARS § 20-1082(2)**

To be filed with initial application and each Annual Statement

Full and Exact Corporate Name _____

NAIC Number (if none, so state) _____; **OR** Arizona Company Code No. (if renewal) _____

Federal ID Number _____

Fiscal Year End: _____ December 31 _____ Other (specify) _____

Check one: Initial Application Annual Certification

The undersigned hereby certify that we comply in all respects with the requirements of Arizona Revised Statutes applicable to Unaffiliated Credit Life and Disability Reinsurers including without limitation, the following:

1. Our insurance operations consist solely of reinsurance of credit life or credit disability insurance that is issued according to Arizona Revised Statutes Title 20, Chapter 6, Article 10, or that is issued according to substantially similar laws of another state by an insurer that is authorized in Arizona.
2. We are not "affiliated," as defined in ARS § 20-481, with any other insurer as defined in ARS § 20-104.
3. We possess and will maintain unimpaired capital stock of not less than seventy-five thousand dollars (\$75,000) as ARS § 20-1085(B) requires, and;

Check one only:

_____ Our unimpaired capital is not represented by a letter of credit.

_____ Our unimpaired capital is represented by a clean, irrevocable and unconditional letter of credit issued by a Qualified Financial Institution, as defined in ARS § 20-261.03 and as approved by you, that is payable to your Director of Insurance and contains a qualifying "Evergreen Clause" that it is automatically renewable and the issuing financial institution will provide you not less than 60 days advance written notice of non-renewal. **The letter of credit is** (check box that applies)

- enclosed, or
- on deposit with the State Treasurer's Office

4. We are and will remain in compliance with ARS § 20-1094 regarding the filing and approval of reinsurance agreements, and with ARS § 20-260 regarding the limitation of risk (retention on any one risk shall not exceed 10% of our capital and surplus). **Attached to this certification is:**

a) A list of all of our reinsurance agreements that includes for each:

- i) Name of ceding insurer
- ii) Effective date of agreement and of any amendments
- iii) Method of security (i.e., funds withheld, trust account, or letter of credit)
- iv) Date approved by you or if approval is pending, state "pending"

