



**Department of Insurance
State of Arizona
Financial Affairs Division**

**APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY/PERMIT
Company Code Number Change**

(Full and Exact Corporate Name)

(Statutory Home Office Address: Street & Number, City, State, Zip Code, Telephone No.)

(Mail Address: Street & Number, P.O. Box, City, State, Zip Code)

Arizona Number: _____	Incorporated in the State of: _____
Phone: () _____	on _____ (Month, Day, Year) as
Fax: () _____	a () Stock Company () Mutual Company
Toll Free: () _____	a () Reciprocal Company () Non-profit
Email Address _____	a () Other _____

hereby applies for an Amended Certificate of Authority/Permit (municipal risk pools are applying for a identification number only, they are not issued a Certificate of Authority/Permit) authorizing and empowering this Company to transact the business of insurance in the State of Arizona, under, and in compliance with, the laws thereof for the following kinds of insurance (indicate by checkmark):

- () Captive Insurer A.R.S. § 20-1098.01
- () Life Care Contract Provider A.R.S. § 20-1801
- () Municipal Risk Pool A.R.S. §§ 11-952.01, 15-382, 41-621.01
- () Unaffiliated Life and Disability Reinsurer A.R.S. § 20-1082

One of the officers (listed below) of the Applicant must read the following very carefully and execute this document along with a witness:

As a condition precedent to and as a consideration for the issuance of the Certificate of Authority/Permit (municipal risk pools are applying for a identification number only, they are not issued a Certificate of Authority/Permit) herein applied for, this Company declares that its organizing documents permit it to write the above designated lines of business; that it has complied with all laws of the State of Domicile relating to such companies, and that it accepts the terms and provisions of the laws of the State of Arizona applicable to said Company.

Dated at _____ this _____ day of _____

By _____	_____
Signature of President	Full Legal Name of President
By _____	_____
Signature of Secretary	Full Legal Name of Secretary
By _____	_____
Signature of Treasurer	Full Legal Name of Treasurer
By _____	_____
Signature of Witness	Full Legal Name of Witness