



DEPARTMENT OF  
INSURANCE AND FINANCIAL INSTITUTIONS

**CERTIFICATE OF DEPOSIT TRANSMITTAL**

**DELIVERY OF THE FOLLOWING CERTIFICATE OF DEPOSIT IS MADE FOR SAFEKEEPING WITH THE ARIZONA STATE TREASURER ON BEHALF OF THE DIRECTOR OF INSURANCE AND FINANCIAL INSTITUTIONS, WHO WILL, IN TURN, HOLD THE SECURITY FOR:**

\_\_\_\_\_  
(Complete Name of Company)

\_\_\_\_\_  
(NAIC #)

**CERTIFICATE OF DEPOSIT DESCRIPTION:**

Name of Financial Institution: \_\_\_\_\_

Face Amount \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_ % Maturity Date: \_\_\_\_\_

Certificate of Deposit Number: \_\_\_\_\_

Automatic Renewal? (check one):  YES  NO

Financial Institution Account Number: \_\_\_\_\_ (if different than CD Number)

**TO BE CLASSIFIED AS A: (Check one option)**

- HCSO Escrow Reserve Deposit – ARS § 20-1056
- Ordinary Statutory Deposit required for authority to transact in Arizona
- Retaliatory Deposit - § ARS 20-230
- Security Deposit for the benefit of ARIZONA policyholders only
- Workers' Compensation Deposit – ARS § 23-961

**TO BE DELIVERED FOR DEPOSIT: (Check one option)**

A.  By email

B.  By mail

**AS INSTRUCTED BY THIS AUTHORIZED REPRESENTATIVE OF THE COMPANY:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Send the form to [cary.cook@difi.az.gov](mailto:cary.cook@difi.az.gov).