



**Financial Affairs Division  
Arizona Department of Insurance**

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**CERTIFICATE OF DISCLOSURE — ARS § 20-233**

Insurer Name – provide exact name		
Calendar or Fiscal Year End Date	NAIC Number	Domiciliary State
Contact Name	Contact Email Address	

**PART A:** Has any person (a) who is currently an officer, director, incorporator, or (b) who holds or controls over ten percent (10%) of the issued and outstanding common shares or ten percent (10%) of any other proprietary, beneficial or membership in the insurer been:

1. Convicted or felony involving a transaction in securities, insurance consumer fraud or antitrust in any state or federal jurisdiction within the seven-year period immediately preceding the execution of this certificate?

YES  NO **(MUST BE ANSWERED)**

2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven-year period immediately preceding the execution of this certificate?

YES  NO **(MUST BE ANSWERED)**

3. Subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven-year period immediately preceding the execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:

- a. Fraud or registration provisions of the securities laws of that jurisdiction: or
- b. The consumer fraud laws of that jurisdiction: or
- c. The antitrust or restraint of trade laws of that jurisdiction; or
- d. The insurance laws of that jurisdiction?

YES  NO **(MUST BE ANSWERED)**

If your answer to any of the Items A1 through A3 is YES, the following information for each person **must** be attached.

- 1. Current full name and all prior names or aliases used.
- 2. Full birth name.
- 3. Present home address.
- 4. Prior addresses (for immediately preceding seven-year period).
- 5. Date and location of birth.
- 6. The nature and description of each conviction or judicial action, the date and location, the court and public agency involved and the file or cause number of the case.

**PART B:** Has any officer, director, trustee, incorporator of the insurer or shareholder possessing or controlling ten percent (10%) or more of any proprietary, beneficial or membership interest in the insurer served in any such capacity or held such interest in any business entity which has been placed in bankruptcy or receivership or had its charter revoked or Certificate of Authority suspended, refused renewal or revoked

YES  NO **(MUST BE ANSWERED)**

**CERTIFICATE OF DISCLOSURE — ARS §20-233**

Insurer Name (same as Page 1)

If your answer to question B is YES, the following information for each entity **must** be attached.

1. Current and former names and addresses of the entity.
2. Full name, all prior names or alias used, and address of each person involved.
3. State(s) in which the entity:
  - a. was incorporated or organized.
  - b. has transacted business.
4. Dates of operation.
5. A description of the bankruptcy, receivership, charter revocation, Certificate of Authority suspension, renewal refusal or revocation, including the date, the court or agency involved and the file or cause number of the case.

**PART C: TITLE INSURERS ONLY:**

Have all income tax returns required by Title 43, Arizona Revised Statutes, been filed with the Arizona Department of Revenue?

YES       NO      **(MUST BE ANSWERED)**

**SIGNATURE AND VERIFICATION**

Arizona law requires that this Certificate of Disclosure be executed by two executive officers or directors of the insurer. A person executing or contributing information who intentionally makes an untrue statement of a material fact or withholds any material fact with regard to the information required is guilty of a class 6 felony.

By signing below, each for him/herself acknowledges that he/she is an officer and/or director of said insurer, and that under penalty of perjury, that this document together with any attachments is submitted in compliance with Arizona law.

Signature	<input type="checkbox"/>	I hereby intend by checking this box to be the equivalent of my signature.	Signature	<input type="checkbox"/>	I hereby intend by checking this box to be the equivalent of my signature.
Printed Name			Printed Name		
Title			Title		
Date			Date		

**DUE DATES:**

- Foreign and Alien domiciled insurers – On or before **March 1** of each year.
- Arizona domiciled insurers – On or before **March 31** of each year.
- Arizona domiciled unaffiliated credit life and disability reinsurers – On or before **August 1** of each year.
- Arizona domiciled captive insurers – On or before **90 days** after the fiscal year end.

**FILING INSTRUCTIONS:**

Name the document using this format “E178-NAIC Number-Insurer Name” (e.g. E178-55555-INSURERNAME).  
E-Mail completed FORM to [financialfilings@azinsurance.gov](mailto:financialfilings@azinsurance.gov).

**DO NOT MAIL ORIGINAL / HARDCOPY DOCUMENT.**

**Certificate of Disclosure filings that are incomplete, have unacceptable signatures, or are late will subject an insurer to payment of late fees not to exceed \$25.00 for each day of delinquency.**