



**DEPARTMENT OF INSURANCE
STATE OF ARIZONA**
Captive Insurance Division
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CERTIFICATE OF DISCLOSURE – ARS § 20-233

ENTER CALENDAR YEAR OF ANNUAL STATEMENT FOR WHICH THIS CERTIFICATE IS FILED: _____

COMPLETE COMPANY NAME

NAIC NUMBER

HOME OFFICE ADDRESS (STREET)

DOMICILIARY STATE

CITY, STATE AND ZIP CODE

PART A: Have any persons serving either by election or appointment as officers, directors, incorporators and persons controlling or holding more than ten percent (10%) of the issued and outstanding common shares or ten percent (10%) of any other propriety, beneficial or membership in the corporation:

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

ANSWER 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:

- | | |
|---|--|
| <ol style="list-style-type: none"> 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). | <ol style="list-style-type: none"> 5. Date and location of birth. 6. Social Security number. 7. 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. |
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CERTIFICATE OF DISCLOSURE- CALENDAR YEAR

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

ANSWER YES____ NO____ **(MUST BE ANSWERED)**

If your answer to question B is "YES," the following information for each corporation **must** be attached:

- | | |
|--|--|
| 1. Current and former names and addresses of the corporation. | 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. |
| 2. Full name, all prior names or alias used, and address of each person involved. | |
| 3. State(s) in which the corporation:
a. was incorporated.
b. has transacted business. | |
| 4. Dates of corporate operation. | |

PART C: List below (or on an attachment) the names of shareholders of record of the corporation holding more than ten percent (10%) of any class or shares issued by the corporation, including persons beneficially holding such shares through nominees.

Part D: Title Insurers Only:

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

ANSWER YES____ NO____ **(MUST BE ANSWERED BY TITLE INSURERS)**

If answer is "NO," list date corporate Income Tax Return(s) will be filed._____

