



Financial Affairs Division  
 Arizona Department of Insurance  
 2910 North 44th Street, Suite 210  
 Phoenix, Arizona 85018-7269  
 Telephone: (602) 364-3999/Fax: (602) 364-3989

APPLICATION FOR REINSURER MAINTAINING SURPLUS A.R.S. §§ 20-261.01(A)(3 AND 6)

Full and Exact Corporate Name \_\_\_\_\_ NAIC# \_\_\_\_\_ Federal ID# \_\_\_\_\_

Statutory Home Office Address \_\_\_\_\_ (Number & Street, City, State, Zip Code, Telephone #)

Mail Address \_\_\_\_\_ (Number & Street, City, State, Zip Code)

Telephone #: (\_\_\_\_) \_\_\_\_\_ FAX #: (\_\_\_\_) \_\_\_\_\_ WATS #: (800) \_\_\_\_\_

Organized under the laws of \_\_\_\_\_ (State) on \_\_\_\_\_ (Month, Day, Year)

as a:  Stock Company  Mutual Company  Other \_\_\_\_\_

hereby applies for Reinsurer Maintaining Surplus authorizing and empowering this Company to assume reinsurance from domestic ceding insurers in the State of Arizona, under, and in compliance with, the laws thereof in satisfaction of the following requirements (indicate by check mark):

- ( ) Casualty with Workers' Compensation ..... A.R.S. § 20-252
- ( ) Casualty without Workers' Compensation ..... A.R.S. § 20-252
- ( ) Disability ..... A.R.S. § 20-253
- ( ) Life (Includes Annuities) ..... A.R.S. § 20-254
- ( ) Marine and Transportation ..... A.R.S. § 20-255
- ( ) Property ..... A.R.S. § 20-256
- ( ) Surety ..... A.R.S. § 20-257
- ( ) Vehicle ..... A.R.S. § 20-259
- ( ) Title ..... A.R.S. § 20-1562
- ( ) Other ..... A.R.S. § 20-\_\_\_\_\_

As a condition precedent to and as a consideration for the authorization of a Reinsurer Maintaining Surplus herein applied for, this Company declares that its Articles of Incorporation permit it to reinsure the lines of business contemplated with this authority; that it has complied with all laws of the State of Domicile relating to such business; that it accepts the terms, provisions and jurisdiction of the laws of the State of Arizona applicable to this authority; that it accepts the authority of the Arizona Director of Insurance to examine its books and records and bear the expense of such examination; and that it will provide timely notification of any significant modification of information previously furnished pursuant to this application.

State of ( \_\_\_\_\_ )  
 County of ( \_\_\_\_\_ ) ss.  
 \_\_\_\_\_, President, and \_\_\_\_\_, Secretary

of the \_\_\_\_\_, being duly sworn, each for him(her) self deposes and says that they are the above described officers of said corporation, and that they executed the above instrument and that the statements and answers contained therein are true and correct to the best of their knowledge and belief, respectively.

Subscribe and sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
*Notary Public* *President*

\_\_\_\_\_  
*Commission Expires* *Secretary*

Note: Provide a certified Corporate Resolution of Authorization for signers other than the President and Secretary.