



**DEPARTMENT OF INSURANCE
STATE OF ARIZONA**

Financial Affairs Division - Compliance Section
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SERVICE CORPORATION CERTIFICATE OF DISCLOSURE – ARS § 20-831(B) - DUE **MARCH 31**

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

COMPLETE COMPANY NAME

NAIC NUMBER

HOME OFFICE ADDRESS (STREET)

**ARIZONA
DOMICILIARY STATE**

CITY, STATE AND ZIP CODE

PART A: Have any persons serving either by election or appointment as officers, directors, trustees, or incorporators in the corporation:

1. Been convicted of a 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?
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:

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. 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 case number of the case.

SERVICE CORPORATION CERTIFICATE OF DISCLOSURE FOR CALENDAR YEAR _____

PART B: Has any person serving either by election or appointment as an officer, director, trustee, incorporator of 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 administratively dissolved by any jurisdiction?

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.
2. Full name, all prior names or aliases used, and address of each person involved.
3. State(s) in which the corporation:
 - a. was incorporated.
 - b. transacted business.
4. Dates of corporate 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 case number of the case.

AFFIDAVIT OF VERIFICATION

MUST BE EXECUTED BY YOUR PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER AND/OR DIRECTOR(S) WHO ARE LISTED ON THE JURAT PAGE OF THE ANNUAL STATEMENT OF THE CALENDAR YEAR FOR WHICH THIS CERTIFICATE IS FILED.

State of _____ }
County of _____ } ss

_____	_____
Type or Print Name	Title – Must be Executive Officer or Director
_____	_____
Type or Print Name	Title – Must be Executive Officer or Director

of the _____ being duly
Name of Company

sworn each for him/herself deposes and says that they are the above described officers and/or directors of said corporation, and that under penalties of law declare that they have examined this Certificate, including any attachments, and to the best of their knowledge and belief, it is true, correct, and complete.

Signature of Affiant – Title

Signature of Affiant – Title

Subscribed, sworn to and acknowledged before me this _____ day of _____, _____

Stamp or seal _____
Notary Public My Commission Expires

EXECUTION OF THIS CERTIFICATE

Arizona law requires this certificate to be executed by **two of your authorized executive officers or directors**; therefore we will only accept signatures of such officers who are identified on the Jurat Page of the Annual Statement for the filing year. Filings received with unacceptable signature(s) will be returned as "incomplete" and will be subject to statutory late filing fees where applicable.

FILING DUE DATE: MARCH 31

An incomplete or late filing of the Certificate of Disclosure shall subject you to payment of late fees not to exceed twenty-five dollars (\$25.00) for each day of delinquency. The late fees are in addition to any other applicable penalty fee or civil penalty.