



**DEPARTMENT OF INSURANCE
STATE OF ARIZONA**

Financial Affairs Division - Compliance Section
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
Phone: (602) 364-3245
Fax: (602) 364-3989
www.azinsurance.gov

**APPLICATION FOR CERTIFICATE OF AUTHORITY RENEWAL FOR
MECHANICAL REIMBURSEMENT REINSURER
ARS § 20-1096.05 - Due April 1**

THE CURRENT CALENDAR YEAR IN WHICH THIS APPLICATION IS BEING FILED IS: _____

**YOU MUST FILE THIS FORM WITH YOUR ANNUAL STATEMENT FOR THE CALENDAR YEAR
IMMEDIATELY PRECEDING THE APPLICATION YEAR ENTERED ABOVE**

(Full and Exact Corporate Name)

(Statutory Home Office Address: Street & Number, City, State, Zip Code, Telephone No.)

(Mail Address: Street & Number, P.O. Box, City, State, Zip Code)

Phone: _____ Incorporated in the State of **ARIZONA**

Fax: _____ on _____

Toll-free: _____ (Month, Day, Year)

hereby applies for renewal of our Certificate of Authority authorizing and empowering us to transact the business of Mechanical Reimbursement Reinsurance in the State of Arizona, under, and in compliance with, Arizona Revised Statutes Title 20, Chapter 4, Article 12.

Date of last amendment to charter: _____

Date of last amendment to by-laws: _____

As a condition precedent to and as a consideration for the renewal of the Certificate of Authority herein applied for, we declare that our Articles of Incorporation permit us to transact mechanical reimbursement reinsurance business, that we have complied with all laws of the State of Arizona relating to such companies and that we accept the terms and provisions of the laws of the State of Arizona applicable to us.

Dated at _____ this _____ day of _____ , _____

Corporate Name: _____

NAIC Group Number: _____ NAIC Number: _____ Federal ID Number: _____

By _____
Signature of President Type/Print Contact Person Name and Title

By _____
Signature of Secretary Type/Print Contact Person Name and Title

**ATTACH A CERTIFIED CORPORATE RESOLUTION OF AUTHORIZATION FOR SIGNERS
OTHER THAN THE PRESIDENT AND SECRETARY**