



DEPARTMENT OF INSURANCE  
STATE OF ARIZONA

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**DOMESTIC MECHANICAL REIMBURSEMENT REINSURER  
ANNUAL REPORT OF POLICY AND LOSS RESERVES  
ARS § 20-1096.05  
DUE APRIL 1**

Company Name \_\_\_\_\_ NAIC No. \_\_\_\_\_

ENTER THE CALENDAR YEAR FOR WHICH THIS REPORT IS BEING FILED: \_\_\_\_\_

- 1. A) Amount of policy reserves (unearned premiums) as of December 31 of the year entered above  
\$ \_\_\_\_\_
- B) **State in detail** the method used to determine policy reserves in the calendar year entered above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2. A) Amount of loss reserves as of December 31 of the year entered above.  
\$ \_\_\_\_\_
- B) **State in detail** the method used to determine loss reserves in the calendar year entered above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**We certify that this report is true, complete and correct to the best of our knowledge and belief.**

Signature of President \_\_\_\_\_ Date \_\_\_\_\_ Signature of Secretary \_\_\_\_\_ Date \_\_\_\_\_