



**DEPARTMENT OF INSURANCE
STATE OF ARIZONA**

Financial Affairs Division - Compliance Section
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**ANNUAL STATEMENT WORKSHEET FOR
QUALIFIED REINSURER TRUST [ARS § 20-261.01(A)(4)]
OR**

QUALIFIED REINSURER BASED ON SURPLUS [ARS § 20-261.01(A)(3) and (6)]

DUE FEBRUARY 28

AZ I.D. #: _____ COMPANY: _____ DOMICILE: _____

ENTER THE CALENDAR YEAR FOR THIS ANNUAL STATEMENT WORKSHEET: _____

ENTER FINANCIAL STATEMENT FIGURES IN THE PROPER TABLE BELOW

Reinsurer Filing the Life & Disability (Blue) Statement			
Assets: (Page 2, Line 28, Col. 3) =		Reinsurance Assumed Life Premiums: (Schedule T, Line 96, Col. 2) =	
Liabilities: (Page 3, Line 28, Col. 1) =		Reinsurance Assumed Annuity Considerations: (Schedule T, Line 96, Col. 3) =	
Common Capital Stock: (Page 3, Line 29, Col. 1) =		Reinsurance Assumed A & H Premiums: (Schedule T, Line 96, Col. 4) =	
Preferred Capital Stock: (Page 3, Line 30, Col. 1) =		Reinsurance Assumed Other Considerations: (Schedule T, Line 96, Col. 5) =	
Surplus: (Page 3, Line 37, Col. 1) =		Reinsurance Assumed Deposit Type Contracts: (Schedule T, Line 96, Col. 7) =	

Reinsurer Filing the Property & Casualty (Yellow) Statement	
Assets: (Page 2, Line 28, Col. 3) =	
Liabilities: (Page 3, Line 28, Col. 1) =	
Policyholders Surplus: (Page 3, Line 37, Col. 1) =	
Reinsurance Assumed Affiliates: (Page 8, Line 35, Col. 2) =	
Reinsurance Assumed Non-Affiliates: (Page 8, Line 35, Col. 3) =	

**Initial if
Enclosed**
↓ ↓ ↓

Initial at left if item complete and enclosed with the Annual Statement

**Agency
Use Only**
↓ ↓ ↓

A. Annual Statement – 8-1/2" X 14" (IN PROPER NAIC COLOR JACKET, SECURELY BOUND and in 2-sided book form)

MUST INCLUDE TO BE COMPLETE:

1. Jurat Page
 - a. Two Authorized Notarized Signatures (SIGNERS NAMES **MUST** BE LISTED ON THE JURAT PAGE)
2. Actuarial Opinion

ATTACH THE FOLLOWING TO THIS WORKSHEET:

B. **Trust Statements** – Qualified Reinsurer Trust Only (See Form E-QRT.I)

PREPARED BY:

Name & Title

E-MAIL ADDRESS

Collect or Toll Free Phone