



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS

ANNUAL STATEMENT WORKSHEET FOR DOMESTIC UNAFFILIATED CREDIT LIFE AND DISABILITY REINSURER

ENTER THE CALENDAR YEAR FOR THIS ANNUAL STATEMENT WORKSHEET: _____

COMPANY: _____ NAIC#: _____ DOMICILE: AZ

Initial if Filed ↓ ↓ ↓

Initial at left for each item included with the filing

AGENCY Use Only ↓ ↓ ↓

- A. Annual Statement – 8-1/2" X 14" MUST BE FILED ELECTRONICALLY and INCLUDE THE FOLLOWING TO BE COMPLETE: 1. Jurat Page a. TWO executive officer signatures (Names must be listed on Jurat Page) b. Notary signature and stamp or seal

THE FOLLOWING REPORTS MUST BE INCLUDED WITH THE FILING:

- B. Form E-UCLDR.CERT Annual Certification and Affidavit of Verification MUST INCLUDE TO BE COMPLETE: 1. Signatures of President & Secretary or provide a Corporate Resolution of Authorization for signers other than President & Secretary 2. Notary signature and stamp or seal
- C. Copy of Financial Institution Statement of Trust Deposit and/or a copy of Letter(s) of Credit that secure reserves as required by ARS § 20-1094.01. If funds are withheld by ceding insurers, provide a copy of the cession statement(s) disclosing the amount of funds withheld
- D. Form E-178 Certificate of Disclosure MUST BE FILED ELECTRONICALLY and INCLUDE THE FOLLOWING TO BE COMPLETE: 1. Part A must be answered yes or no (If yes, must have attachment) 2. Part B must be answered yes or no (If yes, must have attachment) 3. TWO executive officer electronic signatures (Names must be on Jurat Page)

FEE PAYMENT (Due August 1 of November 1, as applicable)

Remit the \$4,800 (consisting of \$300 for Payment Type 28 and \$4,500 for Payment Type 57) fee payment using NAIC OPTins (www.optins.org) or by sending a check made payable to the Arizona Department of Insurance and Financial Institutions along with a copy of this Annual Statement Worksheet Form E-UCLDR.AS to the Department.

PREPARED BY:

Name and Title

Phone Number

Email address