



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS

REQUEST FOR RELEASE OF CERTIFICATE OF DEPOSIT

REQUEST IS MADE FOR RELEASE OF THE FOLLOWING CERTIFICATE OF DEPOSIT FROM SAFEKEEPING WITH THE ARIZONA STATE TREASURER ON BEHALF OF THE DIRECTOR OF INSURANCE AND FINANCIAL INSTITUTIONS, WHO IS, IN TURN, HOLDING THE SECURITY FOR:

(Complete Name of Company) (NAIC #)

CERTIFICATE OF DEPOSIT DESCRIPTION:

Name of Financial Institution:
Face Amount: \$ Interest Rate: % Maturity Date:
Certificate of Deposit Number:
Financial Institution Account Number: (if different than CD Number)

TO BE CLASSIFIED AS A: (Check one only)

- HCSO Escrow Reserve Deposit - ARS § 20-1056
Ordinary Statutory Deposit required for authority to transact in Arizona
Retaliatory Deposit – ARS § 20-230
Security Deposit for the benefit of ARIZONA policyholders only
Workers' Compensation Deposit – ARS § 23-961

INSTRUCTIONS FOR MAILING OF THE RELEASED CERTIFICATE ARE:

Recipient Name and Title:
Company or Firm Name:
Street Address:
City, State, Zip:

BY THIS AUTHORIZED REPRESENTATIVE OF THE COMPANY: (authorizing resolution may be required)

Name: Title:
Signature: Date:
CONTACT PERSON: Title:
Telephone number: Email:

Send this form to cary.cook@difi.az.gov.