

DEPARTMENT OF INSURANCE STATE OF ARIZONA

Captive Insurance Division 2910 North 44th Street, Suite 210 Phoenix, Arizona 85018-7269 Phone: (602) 364-4490

Fax: (602) 364-3989 www.azinsurance.gov

CERTIFICATE OF DISCLOSURE – ARS § 20-233			
ENTER CALENDAR YEAR OF ANNUAL STATEMENT FOR W	HICH THIS CERTIFICATE IS FILED:		
COMPLETE COMPANY NAME	NAIC NUMBER		
HOME OFFICE ADDRESS (STREET)	DOMICILIARY STATE		
CITY, STATE AND ZIP CODE	.		

- **PART A:** Have any persons serving either by election or appointment as officers, directors, incorporators and persons controlling or holding more than ten percent (10%) of the issued and outstanding common shares or ten percent (10%) of any other propriety, beneficial or membership in the corporation:
 - 1. Been convicted of a felony involving a transaction in securities, insurance consumer fraud or antitrust in any state of federal jurisdiction within the seven-year period immediately preceding the execution of this certificate?
 - 2. Been convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven-year period immediately preceding the execution of this certificate?
 - 3. Been or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven-year period immediately preceding the execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:
 - a. Fraud or registration provisions of the securities laws of that jurisdiction; or
 - b. The consumer fraud laws of that jurisdiction; or
 - c. The antitrust or restraint of trade laws of that jurisdiction; or
 - d. The insurance laws of that jurisdiction?

ANSWER YE	S NO	(MUST BE ANSWERED)
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If your answer to any of the Items A1 through A3 is "YES," the following information for each person **must** be attached:

- Current full name and all prior names or aliases used.
- 2. Full birth name.
- 3. Present home address.
- Prior addresses (for immediately preceding sevenyear period).
- 5. Date and location of birth.
- 6. Social Security number.
- 7. The nature and description of each conviction or judicial action, the date and location, the court and public agency involved and the file or cause number of the case.

	CERTIFIC	AIE OF D	ISCLOSUR	E- CA	ALENDAR YEAR
PART B:	B: Has any officer, director, trustee, incorporator of the corporation or shareholder possessing controlling ten percent (10%) or more of any propriety, beneficial or membership interest in the corporation served in any such capacity or held such interest in any corporation which has been placed in bankruptcy or receivership or had its charter revoked or Certificate of Authority suspendent refused renewal or revoked?				
	ANSWER	YES	NO	(MUS	ST BE ANSWERED)
	If your answer to que attached:	estion B is "	YES," the foll	owing	information for each corporation must be
corpo 2. Full addro 3. State a. v b. h	ent and former names oration. name, all prior namess of each person inverse; in which the corporated. nas transacted business of corporate operations.	es or alias volved. ration:			A description of the bankruptcy, receivership, charter revocation, Certificate of Authority suspension, renewal refusal or revocation, including the date, the court or agency involved and the file or cause number of the case.
PART C:		10%) of a	ny class or	share	areholders of record of the corporation holding more es issued by the corporation, including persons is.
Part D:	Title Insurers Only: Have all corporate in the Arizona Departm	ncome tax r		ed by	Title 43, Arizona Revised Statutes, been filed with
	ANSWER	YES	NO	(I	MUST BE ANSWERED BY TITLE INSURERS)
	If answer is "NO,"	list date co	orporate Inco	ome Ta	ax Return(s) will be filed

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AFFIDAVIT OF VERIFICATION

MUST BE EXECUTED BY THE PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER AND/OR DIRECTOR(S) OF THE COMPANY WHO ARE LISTED ON THE JURAT PAGE OF THE ANNUAL STATEMENT OF THE CALENDAR YEAR FOR WHICH THIS CERTIFICATE IS FILED.

STATEMENT OF THE CALENDAR YEAR FOR WHICH THIS	S CERTIFICATE IS FILED.				
State of }					
State of } State of } County of }					
Type or Print Name	Title – Must be Executive Officer or Director				
Type or Print Name	Title – Must be Executive Officer or Director				
of the	being duly				
Company sworn each for him/herself deposes and says that they are th corporation, and that under penalties of law declare that th attachments, and to the best of their knowledge and belief, it is	ey have examined this Certificate, including any				
Signature of Affiant – Title	Signature of Affiant – Title				
Subscribed, sworn to and acknowledged before me this	day of ,				
Stamp or sealNotary Public	My Commission Expires				
Inotally Public	wy Commission Expires				
EXECUTION OF THIS CERTIFICATE					
Arizona law requires this certificate to be executed by <i>two a</i>	uthorized executive officers or directors of the				

Arizona law requires this certificate to be executed by **two authorized executive officers or directors** of the Company, therefore the Department will only accept signatures of such officers who are identified on the Jurat Page of the Annual Statement for the filing year. Filings received with unacceptable signature(s) will be returned as "incomplete" and will be subject to statutory late filing fees where applicable.

DUE DATES:

Foreign and Alien Companies – On or before **March 1** of each year. Arizona Domestic Companies – On or before **March 31** of each year.

An incomplete or late filing of the Certificate of Disclosure will subject an insurer to payment of late fees not to exceed twenty-five dollars (\$25.00) for each day of delinquency. The late fees are in addition to any other applicable penalty fee or civil penalty.

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