



**Department of Insurance
State of Arizona**
Financial Affairs Division – Trust Deposit Unit
 2910 North 44th Street, Suite 210
 Phoenix, Arizona 85018-7269
 Telephone: (602) 364-2712
 Fax: (602) 364-3989
www.azinsurance.gov

CERTIFICATE OF DEPOSIT TRANSMITTAL

DELIVERY OF THE FOLLOWING CERTIFICATE OF DEPOSIT IS MADE FOR SAFEKEEPING WITH THE ARIZONA STATE TREASURER ON BEHALF OF THE DIRECTOR OF INSURANCE, WHO WILL, IN TURN, HOLD THE SECURITY FOR:

 (Complete Name of Company)

 (NAIC / AZ CO #)

CERTIFICATE OF DEPOSIT DESCRIPTION:

Name of Financial Institution: _____

Face Amount \$ _____ Interest Rate: _____ % Maturity Date: _____

Certificate of Deposit Number: _____

Automatic Renewal? (check one): YES NO

Financial Institution Account Number: _____ (if different than CD Number)

TO BE CLASSIFIED AS A: (Check one type 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

TO BE DELIVERED FOR DEPOSIT BY: (Check one option only in A or B)

- A. Personal courier or mail (check one) delivery to us.
- B. Delivery to the office of the Arizona State Treasurer at a meeting to be scheduled by us.

AS INSTRUCTED BY THIS AUTHORIZED REPRESENTATIVE OF THE COMPANY:

Name: _____ Title: _____

Signature: _____ Date: _____

CONTACT PERSON: _____ Title: _____

Collect or Toll-Free Phone: _____ Fax: _____

DELIVER THIS FORM TO THE ADDRESS SHOWN ABOVE

Please call (602) 364-2712 for assistance to complete and file this form