



**Department of Insurance
State of Arizona**

Financial Affairs Division – Trust Deposit Unit
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APPLICATION AND ORDER FOR RELEASE OF EXCESS DEPOSIT

A. Application (To be completed by Applicant)

_____ (Name of Company) _____ (NAIC#)

A _____ corporation, is filing this application as required by A.R.S. § 20-588 for release of funds deposited with the Arizona State Treasurer, which total \$_____ in face value.

I certify, as a duly authorized officer, that such funds are in excess of the required deposit amount of \$_____. And that upon release, the remaining amount of funds on deposit, measured as the lesser of \$_____ in face value or \$_____ in current Account Value*, satisfy our deposit requirement.

Signed: _____ Dated: _____

In my capacity as: _____

We have attached a properly completed and signed Release Form E126CD for each Certificate of Deposit to be released, if applicable.

Please mail our copy of this Order to:

B. Order (To be completed by Department of Insurance)

By authority of the Director of Insurance delegated in accordance with A.R.S. § 20-148 and A.R.S. § 20-150, and in accordance with A.R.S. § 20-588, IT IS HEREBY ORDERED approving the application for release of excess deposit set forth above, effective this _____ day of _____, _____.

Assistant Director, Financial Affairs Division

Mailed this _____ day of _____, _____ by _____

*Account Value applies to deposits of marketable securities and is defined in your Custody Agreement as "At any given time, the **sum of the lesser of** the market value, par value or amortized value of **each** Eligible Security held in the Account."