



**DEPARTMENT OF INSURANCE  
STATE OF ARIZONA**

Financial Affairs Division – Trust Deposit Unit  
2910 North 44<sup>th</sup> Street, Suite 210  
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**ARIZONA SPECIAL SCHEDULE P REPORT FOR CALENDAR YEAR 2011 - DUE APRIL 16, 2012**

You must file this report if you transact, reinsure or are authorized to write Arizona Workers' Compensation insurance business to report unpaid Workers' Compensation losses as of December 31st for Arizona business only for determination of your Arizona Workers' Compensation Deposit requirement. A.R.S. § 23-961.

**Complete Company Name:** \_\_\_\_\_

**NAIC Number:** \_\_\_\_\_ **Domicile State:** \_\_\_\_\_

**Columns 1 and 2 NOTE: Gross Losses and Loss Expenses are not to be discounted by any rate of interest.**

**Column 5 NOTE: You must use the factors shown.**

<b>Part I:</b> Claims Incurred More Than 3 Years Before Preceding 12/31 (Accident Year Basis)	<b>(1)</b> Losses Unpaid Including Reinsurance Assumed (Including IBNR)	<b>(2)</b> Loss Expense Unpaid	<b>(3)</b> Credit for Approved Reinsurance Ceded to Reinsurers Licensed to Transact WC Ins. in AZ	<b>(4)</b> Net Amount (1) + (2) - (3)	<b>(5)</b> 6% Present Value Factors	<b>(6)</b> 6% Present Value = (4) x (5)
See Columns 1 and 2 NOTE above			<b>GO TO PAGE 2</b>		See NOTE above	
2001& Prior					0.804	
2002					0.742	
2003					0.727	
2004					0.712	
2005					0.696	
2006					0.681	
2007					0.669	
2008					0.667	

**Total** (Individual years can be less than "0" however, Total of "(A)" cannot be less than "0")  **(A)**

**Part II:**

Claims Incurred in the 3 Years Immediately Preceding 12/31 (Accident Year Basis)					
2009					0.684
2010					0.710
2011					0.773

**Total** (Individual years can be less than "0" however, Total of "(B)" cannot be less than "0")  **(B)**

**Part III Direct Plus Assumed Less Ceded, excluding reinsurance ceded to Reinsurers not licensed to transact workers' compensation insurance in Arizona:**

3 Years Immediately Preceding 12/31 In Which Premiums Were Earned And Losses Were Incurred	<b>(7)</b> 65% Of Earned Premiums	<b>(8)</b> Loss And Loss Expense Payments	<b>(9)</b> Net Amounts (7) - (8)
2009			
2010			
2011			

**Total** (Individual years can be less than "0" however, Total of "(C)" cannot be less than "0")  **(C)**

**Part IV:** ..... Enter the greater of Part II (B) or Part III (C):  **(D)**  
 ..... Enter the sum of Part I (A) and Part IV (D) :  **(E)**  
 ..... Enter the greater of (E) above or \$100,000 :  **(F)**

**ARIZONA SPECIAL SCHEDULE P CALENDAR YEAR 2011 - DUE APRIL 16, 2012**

**Company Name:** \_\_\_\_\_ **NAIC No.:** \_\_\_\_\_ **Domicile** \_\_\_\_\_

**Part IV (continued):** On lines G and H, enter only the amount(s) for your **Arizona** Workers' Compensation deposit. Enter "N/A" on lines that are "not applicable."

**(G)** Total Certificate(s) of Deposit held by Arizona State Treasurer \$ \_\_\_\_\_

*If LINE H is NOT APPLICABLE and LINE F is less than Line G, see Form EXSAPP*

*If LINE H is NOT APPLICABLE and **LINE F IS GREATER THAN LINE G:***

i. **You must immediately increase your deposit.** Call the Trust Deposit Unit at (602) 364-3986 for assistance.

**(H)** Total PAR value of securities currently held by Arizona State Treasurer's custodial bank. \$ \_\_\_\_\_

**(I)** If LINE F is less than the sum of Lines G and H, refer to Form EXSAPP.

**(J)** **IF LINE F IS GREATER THAN THE SUM OF LINES G AND H:**

i. **ONLY** if an amount has been entered on Line G, you may send the appropriate documents obtained from the Trust Deposit Unit under G.i. to increase the total of Certificates of Deposit held by the Arizona State Treasurer to an amount that equals or exceeds Line F.

ii. If Line G is "0" or "not applicable" you must **IMMEDIATELY send Form(s) E125 DIRECTLY TO the Arizona State Treasurer's custodial bank** for approval to deliver additional cash or Eligible Securities to increase your deposit to an amount that equals or exceeds Line F.

**DO NOT SEND FORM(S) E125 TO THIS DEPARTMENT. SEND THEM DIRECTLY TO THE CUSTODIAL BANK.**

**IMPORTANT – You must complete the actions described in Line J BEFORE filing this Report. We may summarily suspend your authority** to write or reinsure Arizona Worker's Compensation insurance business if your deposit is deficient. A.R.S. § 23-961.

**ALL FORMS ARE AVAILABLE AT <http://www.azinsurance.gov/insurers.html>**

**Part V:** In the schedule below or on an attachment, list all of the reinsurers and the amounts recoverable on Arizona workers' compensation unpaid losses and loss expenses from each reinsurer for each year reported. **Enter totals from your attachment in the first line** of the schedule below. **The sum of all amounts for each year must equal the amounts entered in Column 3, Parts I and II on Page 1.**

NAIC #	Authorized Reinsurer Name	2001 & Prior	2002	2003	2004	2005
	\$					
	\$					
	\$					
	TOTALS ► \$					
NAIC #	Authorized Reinsurer Name	2006	2007	2008	2009	2010
	\$					
	\$					
	\$					
	TOTALS ► \$					
NAIC #	Authorized Reinsurer Name	2011				
	\$					
	\$					
	\$					
	TOTALS ► \$					

PREPARER CERTIFICATION	
I certify that I have prepared this report. It is true, complete and correct to the best of my knowledge.	
SIGNATURE OF PREPARER	DATE
NAME AND TITLE TYPED OR PRINTED	
COLLECT OR TOLL-FREE TELEPHONE NUMBER	
E-MAIL ADDRESS	

COMPANY OFFICER CERTIFICATION	
I certify that I have reviewed this report. It is true, complete and correct to the best of my knowledge.	
SIGNATURE OF OFFICER	DATE
NAME AND TITLE TYPED OR PRINTED	