



DEPARTMENT OF INSURANCE
STATE OF ARIZONA

Financial Affairs Division - Compliance Section
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CERTIFICATE OF DISCLOSURE – ARS § 20-233 - DUE AUGUST 1

ENTER CALENDAR YEAR OF ANNUAL STATEMENT FOR WHICH THIS CERTIFICATE IS FILED: _____

COMPLETE COMPANY NAME

Arizona Company Code No.

HOME OFFICE ADDRESS (STREET)

ARIZONA
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 YES _____ NO _____ **(MUST BE ANSWERED)**

If your answer to any of the Items A1 through A3 is "YES," the following information for each person **must** be attached:

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Current full name and all prior names or aliases used. 2. Full birth name. 3. Present home address. 4. Prior addresses (for immediately preceding seven-year period). | <ol style="list-style-type: none"> 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. |
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CERTIFICATE OF DISCLOSURE – STATE OF ARIZONA
CALENDAR YEAR _____

PART B: Has any officer, director, trustee, incorporator of the corporation or shareholder possessing or 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 suspended, refused renewal or revoked?

ANSWER YES _____ NO _____ **(MUST BE ANSWERED)**

If your answer to question B is "YES," the following information for each corporation **must** be attached:

- | | |
|--|--|
| 1. Current and former names and addresses of the corporation. | 4. Dates of corporate operation. |
| 2. Full name, all prior names or alias used, and address of each person involved. | 5. 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. |
| 3. State(s) in which the corporation:
a. was incorporated.
b. has transacted business. | |

PART C: List below (or on an attachment) the names of shareholders of record of the corporation holding more than ten percent (10%) of any class or shares issued by the corporation, including persons beneficially holding such shares through nominees.

AFFIDAVIT OF VERIFICATION

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

State of _____ }
County of _____ } ss

_____	_____
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
Name of Company

sworn each for him/herself deposes and says that they are the above described officers and/or directors of said corporation, and that under penalties of law declare that they have examined this Certificate, including any attachments, and to the best of their knowledge and belief, it is true, correct and complete.

_____	_____
Signature of Affiant – Title	Signature of Affiant – Title

Subscribed, sworn to and acknowledged before me this _____ day of _____, _____

Stamp or seal _____ Notary Public _____ My Commission Expires _____

LATE FEES

We may charge late fees up to \$25 for each day your certificate is late. If your certificate has unacceptable signatures, we will require a new certificate and late fees will apply if your new certificate is late.