



**DEPARTMENT OF INSURANCE  
STATE OF ARIZONA**

*Financial Affairs Division - Compliance Section*  
2910 North 44<sup>th</sup> Street, Suite 210  
Phoenix, Arizona 85018-7269  
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Fax: (602) 364-3989  
[www.azinsurance.gov](http://www.azinsurance.gov)

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**UNAFFILIATED CREDIT LIFE AND DISABILITY REINSURER  
ANNUAL STATEMENT FILING INSTRUCTIONS**

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You must file the forms listed below with your Annual Statement by **August 1**:

<b><u>FORM #</u></b>	<b><u>FORM DESCRIPTION</u></b>
E-UCLDR.AS.....	Annual Statement Filings Worksheet
E-UCLDR.CERT.....	Annual Certification and Affidavit of Verification
E-178UCLDR.....	Certificate of Disclosure

**READ ALL INSTRUCTIONS BEFORE YOU PREPARE AND MAIL YOUR FILINGS.**

1. **You** may file an abbreviated form of the NAIC Annual Statement Blank for Life and Accident and Health Insurers. The pages you must file are listed below, and must follow the NAIC Annual Statement Instructions to complete them.

- Jurat Page
- Assets
- Liabilities, Surplus and Other Funds
- Summary of Operations; Capital and Surplus Account
- Cash Flow
- Analysis of Operations by Lines of Business
- Schedule E, Part 1, Cash
- Schedule E, Part 3, Special Deposits
- Schedule S, Part 1, Section 1 (Reinsurance Assumed, Life)
- Schedule S, Part 1, Section 2 (Reinsurance Assumed, Disability)
- Schedule S, Part 2 (Reinsurance Recoverable on Paid and Unpaid Losses)
- Schedule S, Part 3, Section 1 (Reinsurance Ceded, Life)
- Schedule S, Part 3, Section 2 (Reinsurance Ceded, Disability)
- Schedule Y, Part 1, Organizational Chart

You must also file the following Notes to Financial Statements:

- Summary of Significant Accounting Policies
- Accounting Changes and Correction of Errors
- Information Concerning Parent, Subsidiaries and Affiliates
- Contingencies
- Events Subsequent
- Reinsurance
- Other items

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2. **ALL RESERVES** must be secured by funds withheld, funds maintained in a trust account that comply with ARS § 20-1094.01, and/or clean, irrevocable and unconditional Letter(s) of Credit that accordance with ARS § 20-261.02(B). Ceding insurers should report reinsurance ceded to you as “unauthorized,” and report the reserves and reserve security in appropriate schedules in their Annual Statement (Schedule S, Part 4 of the Life and Health blank, and Schedule F, Part 5 of the P&C blank). **Attach a copy of Financial Institution Statement of Trust Deposit secured for reserves in compliance with ARS § 20-261.02 and A.A.C. R20-6-1603, and/or a copy of Letter(s) of Credit that comply with ARS § 20-261.02 and A.A.C. R20-6-1604, and/or a copy of cession statement(s) disclosing the amount of funds withheld, as applicable, to the Annual Statement Filings Worksheet E-UCLDR.AS.**
  
3. **CERTIFICATION OF DOMESTIC UNAFFILIATED CREDIT LIFE AND DISABILITY REINSURER [ARS § 20-1082(2)]** You must complete form E-UCLDR.CERT including the affidavit on page 2 file it with your Annual Statement. Your President and Secretary must sign the affidavit. If they cannot sign, you must attach a certified Corporate Resolution of Authorization for signers other than your President and Secretary. **Attach completed E-UCLDR.CERT to Form E-UCLDR.AS.**
  
4. **CERTIFICATE OF DISCLOSURE FORM E-178UCLDR (ARS § 20-233)** You should **immediately have this form signed by** YOUR EXECUTIVE OFFICERS or DIRECTORS, **WHO ARE LISTED ON THE JURAT PAGE** of your annual statement and notarized. Incomplete certificates will not be accepted as filed with us. We will notify you if your certificate is incomplete and you must file a new certificate immediately. We may charge late fees up to \$25 for each day your certificate is late. **Attach your completed Form E-178UCLDR to Form E-UCLDR.AS.**
  
5. **DUE DATE:** Your annual statement is due **August 1** if your fiscal year end is **December 31<sup>st</sup>**, or **November 1** if your fiscal year ends on any other date.

Direct your questions regarding your filing requirements to:

Arizona Department of Insurance  
ATTN: Financial Affairs Division- Compliance Section  
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