



DEPARTMENT OF INSURANCE
STATE OF ARIZONA

Financial Affairs Division - Compliance Section
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ANNUAL STATEMENT WORKSHEET FOR
FOREIGN AND ALIEN ACCREDITED REINSURERS ONLY

THIS WORKSHEET AND THE ANNUAL STATEMENT ARE DUE MARCH 1

THIS FORM APPLIES ONLY TO A COMPANY THAT HOLDS A
CERTIFICATE OF INSURANCE ACCREDITATION
ISSUED BY US

*NOTE: Qualified Reinsurer Trust and Qualified Reinsurer based on Surplus must use Form E-QRT.AS.

ENTER THE CALENDAR YEAR FOR THIS ANNUAL STATEMENT WORKSHEET: _____

COMPANY: _____ NAIC#: _____ DOMICILE: _____

INITIAL AT LEFT OF EACH ITEM COMPLETED AND ENCLOSED

Initial if Completed & Enclosed (with arrows) and AGENCY Use Only (with arrows) columns.
A. Annual Statement - 8-1/2" X 14" (Securely Bound in two-sided book form)
MUST INCLUDE THE FOLLOWING TO BE COMPLETE:
1. Jurat Page
a. TWO Executive Officer Signatures (Signers Names Must be listed on Jurat Page)
b. Notary signature and stamp or seal
2. Actuarial Opinion
NOTE: If Reserves = ZERO MUST ENTER N/A in box []
B. Management Discussion & Analysis with Transmittal Form E-MDA (due April 1). Completed form E-MDA must be attached.
C. If available, Audited Financial Report with completed Transmittal Form E-AFR (due June 1). Completed form E-AFR must be attached.

PREPARED BY: (must complete)

Table with 3 columns: Name and Title, Collect/Toll Free Phone Number, E-MAIL address