



**Financial Affairs Division
Arizona Department of Insurance**

100 North 15th Avenue, Suite 102, Phoenix, Arizona 85007-2624

Phone: (602) 364-3999

Web: <https://insurance.az.gov/>

CERTIFICATE OF DEPOSIT TRANSMITTAL

DELIVERY OF THE FOLLOWING CERTIFICATE OF DEPOSIT IS MADE FOR SAFEKEEPING WITH THE ARIZONA STATE TREASURER ON BEHALF OF THE DIRECTOR OF INSURANCE, WHO WILL, IN TURN, HOLD THE SECURITY FOR:

(Complete Name of Company)

(NAIC / AZ CO #)

CERTIFICATE OF DEPOSIT DESCRIPTION:

Name of Financial Institution: _____

Face Amount \$ _____ Interest Rate: _____ % Maturity Date: _____

Certificate of Deposit Number: _____

Automatic Renewal? (check one): YES NO

Financial Institution Account Number: _____ (if different than CD Number)

TO BE CLASSIFIED AS A: (Check one option)

- HCSO Escrow Reserve Deposit – ARS § 20-1056
- Ordinary Statutory Deposit required for authority to transact in Arizona
- Retaliatory Deposit - § ARS 20-230
- Security Deposit for the benefit of ARIZONA policyholders only
- Workers' Compensation Deposit – ARS § 23-961

TO BE DELIVERED FOR DEPOSIT: (Check one option)

A. In person

B. By mail

AS INSTRUCTED BY THIS AUTHORIZED REPRESENTATIVE OF THE COMPANY:

Name: _____ Title: _____

Signature: _____ Date: _____

CONTACT PERSON: _____ Title: _____

Telephone number: _____ Email: _____

DELIVER THIS FORM TO THE ADDRESS SHOWN ABOVE.