



**ARKANSAS INSURANCE DEPARTMENT**  
**AFFILIATED TRANSACTION DISCLOSURE FORM**  
For Domestic Insurers Not Subject to the Holding Company Act

**CONFIDENTIAL FILING UNDER ACA 23-61-107(a)(4)**

**On Behalf of Following Insurance Company (Companies):**

NAIC No. \_\_\_\_\_ Insurer Name: \_\_\_\_\_

Address: \_\_\_\_\_

NAIC No. \_\_\_\_\_ Insurer Name: \_\_\_\_\_

Address: \_\_\_\_\_

NAIC No. \_\_\_\_\_ Insurer Name: \_\_\_\_\_

Address: \_\_\_\_\_

NAIC No. \_\_\_\_\_ Insurer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Filing Date: \_\_\_\_\_, (Year) \_\_\_\_\_

Name, Title, Address, E-Mail Address and Telephone Number of Contact Person:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ITEM 1. ORGANIZATIONAL CHART**

Attach an organizational chart which clearly lists the identities of the ultimate controlling persons (or individuals), affiliates, and subsidiaries. Indicate on the chart the form of affiliation/control (ownership, management contract, etc.) and percentage (%) of ownership, if applicable. No affiliate need be shown if its total assets are less than 1/2 of 1% (one percent) of the total assets of the ultimate controlling person. Also include all NAIC numbers. (SEE SAMPLE FORM AT THE END OF THE FILING INSTRUCTIONS.)

“Affiliate(s)” An “affiliate” of, or person “affiliated” with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

“Control” means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.





**ITEM 3. SIGNATURE AND CERTIFICATION**

**SIGNATURE**

Pursuant to the requirements of Ark. Code Ann. §23-63-216 \_\_\_\_\_  
the insurer has caused this disclosure statement to be duly signed on its behalf in the City of \_\_\_\_\_  
and State of \_\_\_\_\_ on the \_\_\_ day of \_\_\_\_\_, (Year)\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
(Name of Insurer)  
BY \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Title)

Attest:

\_\_\_\_\_  
(Signature of Officer) \_\_\_\_\_  
(Title)

**CERTIFICATION**

The undersigned deposes and says that (s)he has duly executed the attached disclosure statement dated \_\_\_\_\_, (Year)\_\_\_\_\_, for and on behalf of (Name of Insurer) \_\_\_\_\_;  
that (s)he is the (Title of Officer)\_\_\_\_\_ of such Company and that (s)he is authorized to execute and file such instrument. Deponent further says that (s)he is familiar with such instrument and the contents thereof, and that the facts therein set forth are true to the best of his/her knowledge, information and belief.

\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Type or Print Name)

### FILING INSTRUCTIONS

All domestic companies (except FMAAs) which are not subject to the Holding Company Act should file the form quarterly with the filing of the quarterly statutory financial statements. Filing due dates for the financial statements are March 1, May 15, August 15, and November 15.

The original and one copy of the form should be mailed to:

**ARKANSAS INSURANCE DEPARTMENT  
FINANCE DIVISION  
1 Commerce Way, Suite 505  
Little Rock, AR 72202-2087**

This form may be filed electronically as a PDF file by emailing to [insurance.finance@arkansas.gov](mailto:insurance.finance@arkansas.gov). If filed electronically, the original form evidencing the original signatures should be kept on file at the Company for 5 years.

The blank form is available electronically on the Insurance Department website at [www.insurance.arkansas.gov](http://www.insurance.arkansas.gov) under the Finance Division page. This form may be modified in a non-substantive manner to accommodate reporting.

### SAMPLE ORGANIZATIONAL CHART

