DEPARTMENT OF INSURANCE
STATE OF ARIZONA
Financial Affairs Division – Trust Deposit Unit
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
Phone: (602) 364-2712
Fax: (602) 364-3989

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ANNUAL REPORT OF ARIZONA WORKERS' COMPENSATION LOSSES AND LOSS EXPENSES - DUE APRIL 15, 2006

All insurers that write or reinsure Arizona Workers' Compensation insurance business must file this report with Arizona Special Schedule P Form E478. In the spaces below, enter the NAIC Number, complete company name and **amounts** payable on **Arizona** compensation unpaid losses and loss expenses **assumed** from **each insurer** for **each year** reported. Attach additional pages if needed or a computer-generated report with identical content and format.

Complete Company Name: _____ **NAIC Number:** _____ **Domicile State:** _____

NAIC #	COMPLETE NAME OF EACH CEDING INSURER	1995 & Prior	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
	TOTALS ►	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PREPARER CERTIFICATION	
I certify that I have prepared this report. It is true, complete and correct to the best of my knowledge.	
SIGNATURE OF PREPARER	DATE
NAME AND TITLE TYPED OR PRINTED	
Collect or Toll-Free Telephone Number	E-mail address

COMPANY OFFICER CERTIFICATION	
I certify that I have reviewed this report. It is true, complete and correct to the best of my knowledge.	
SIGNATURE OF OFFICER	DATE
NAME AND TITLE TYPED OR PRINTED	