



STATE OF ARIZONA

DEPARTMENT OF INSURANCE
ATTN: LIFE AND HEALTH DIVISION
2910 NORTH 44TH STREET, SUITE 210
PHOENIX, ARIZONA 85018-7269

Janice K. Brewer
Governor

602-364-2394

Christina Urias
Director of Insurance

**LIFE AND HEALTH ADMINISTRATOR'S
FINANCIAL STATEMENT
FORM 111**

READ THESE INSTRUCTIONS BEFORE COMPLETING THE FINANCIAL STATEMENT

1. THIS "FINANCIAL STATEMENT" (FINANCIAL FORM 111) MUST BE FILED **NO LATER THAN MARCH 1 FOR THE END OF EACH CALENDAR YEAR (A.R.S. § 20-485.12(E))** AND DISCLOSE THE ADMINISTRATOR'S CURRENT FINANCIAL CONDITION, TRANSACTIONS AND AFFAIRS AS OF DECEMBER 31 FOR THE CALENDAR YEAR. IF THIS FORM IS MAILED AFTER MARCH 1, THE ADMINISTRATOR MUST PAY AN ADDITIONAL FEE FOR EACH DAY OF DELINQUENCY.
2. THE FINANCIAL STATEMENT INCLUDES THE INCOME STATEMENT AND THE BALANCE SHEET. BOTH SHOULD BE PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.
3. THE ADMINISTRATOR MAY SUPPLEMENT THIS FORM WITH ADDITIONAL FINANCIAL INFORMATION. HOWEVER, ALL SECTIONS OF THIS FORM MUST BE COMPLETED.
4. INDEPENDENTLY AUDITED FINANCIAL STATEMENTS ARE NOT REQUIRED. **CONSOLIDATED INCOME STATEMENTS AND BALANCE SHEETS SHALL NOT BE SUBMITTED.** (A.R.S. 20-485.12(B)(1)(b))
5. YOU MUST PROVIDE A RESPONSE TO "DISCLOSURE," QUESTION #G, ON PAGE 5 OF THIS FORM. DO NOT LEAVE THE SPACE BLANK. (IF NOT APPLICABLE STATE "0")
6. SECTION III REQUIRES THE SIGNATURE OF TWO (2) OFFICERS OF THE ADMINISTRATOR; THE OFFICERS MUST CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE; NOTARY FOR THE SIGNATURES IS REQUIRED.
7. THE ANNUAL FILING FEE OF \$195.00 IS DUE WITH THIS FILING.
8. THE ORIGINAL DOCUMENT MUST BE MAILED WITH THE FILING FEE; E-FILING CANNOT BE ACCEPTED

ARIZONA DEPARTMENT OF INSURANCE

LIFE AND HEALTH ADMINISTRATORS FINANCIAL STATEMENT AS OF 12 / 31 / _____

SECTION I (FINANCIAL STATEMENT -- INCOME STATEMENT):

THIS IS THE INCOME STATEMENT FOR _____
 _____ (ADMINISTRATOR'S NAME AS SHOWN ON THE CERTIFICATE OF REGISTRATION ISSUED BY AZ)

AZ COMPANY CODE NUMBER: _____ (4 DIGIT CODE SHOWN ON THE CERTIFICATE OF REGISTRATION, i.e. 2010)

Mailing Address: _____

Physical Address (if different than mailing address): _____

Phone Number: _____ FEIN _____

Contact Person: _____ E-MAIL ADDRESS _____

- **Provide a separate list of the entities with whom the administrator has administrative agreements.**
- **Provide a separate list of the officers and directors.**

THE FINANCIAL INFORMATION WHICH FOLLOWS IS FOR THE PERIOD 01 / 01 / _____ THROUGH 12/ 31 / _____ FOR THE CURRENT YEAR AND FOR THE PERIOD 01 / 01 / _____ THROUGH 12/ 31 / _____ FOR THE PRIOR YEAR.

INCOME STATEMENT (\$000 OMITTED)

A. OPERATING INCOME	YEAR ENDING 12/31	PRIOR YEAR Ending 12/31
1. INSURANCE ADMINISTRATION/ SERVICE FEES	\$ _____	\$ _____
2. INTEREST INCOME	\$ _____	\$ _____
3. OTHER INCOME (LIST COMPONENTS BELOW):		
_____ / \$ _____		
_____ / \$ _____		
_____ / \$ _____		
_____ / \$ _____		
_____ / \$ _____		
_____ / \$ _____		
(TOTAL OTHER INCOME)	\$ _____	\$ _____
TOTAL INCOME	\$ _____	\$ _____

INCOME STATEMENT (\$000 OMITTED)

	YEAR ENDING 12/31	PRIOR YEAR Ending 12/31
B. OPERATING EXPENSES		
1. SALARIES	\$ _____	\$ _____
2. AMORTIZATION	\$ _____	\$ _____
3. RENT	\$ _____	\$ _____
4. TRAVEL	\$ _____	\$ _____
5. EMPLOYEE BENEFITS	\$ _____	\$ _____
6. INSURANCE	\$ _____	\$ _____
7. SUPPLIES & OFFICE EQUIPMENT	\$ _____	\$ _____
8. DATA PROCESSING	\$ _____	\$ _____
9. FEES (LIST COMPONENTS BELOW):		
_____ / \$ _____		
_____ / \$ _____		
_____ / \$ _____		
(TOTAL FEES)	\$ _____	\$ _____
10. OTHER EXPENSES (LIST COMPONENTS BELOW):		
_____ / \$ _____		
_____ / \$ _____		
_____ / \$ _____		
(TOTAL OTHER EXPENSES)	\$ _____	\$ _____
TOTAL OPERATING EXPENSES	\$ _____	\$ _____
C. INCOME (LOSS) BEFORE TAXES (A-B)	\$ _____	\$ _____
D. INCOME TAXES (LIST COMPONENTS BELOW):		
_____ / \$ _____		
_____ / \$ _____		
_____ / \$ _____		
(TOTAL TAXES)	\$ _____	\$ _____
E. NET INCOME (LOSS) AFTER TAXES (C-D)	\$ _____	\$ _____

SECTION II (FINANCIAL STATEMENT - - BALANCE SHEET):

THIS IS THE BALANCE SHEET FOR _____

(NAME OF ADMINISTRATOR).

THE BALANCE SHEET INFORMATION WHICH FOLLOWS IS FOR THE PERIOD 01 / 01 / THROUGH 12 / 31 / FOR THE CURRENT YEAR AND FOR THE PERIOD 01 / 01 / THROUGH 12 / 31 / FOR THE PRIOR YEAR.

BALANCE SHEET (\$000 OMITTED)

	YEAR ENDING 12/31	PRIOR YEAR Ending 12/31
A. CURRENT ASSETS		
1. CASH	\$ _____	\$ _____
2. ACCOUNTS RECEIVABLE	\$ _____	\$ _____
3. OTHER CURRENT ASSETS (LIST COMPONENTS BELOW):		
_____ / \$ _____		
_____ / \$ _____		
_____ / \$ _____		
_____ / \$ _____		
(TOTAL OTHER CURRENT ASSETS)	\$ _____	\$ _____
TOTAL CURRENT ASSETS	\$ _____	\$ _____
B. FIXED ASSETS		
1. FURNITURE & EQUIPMENT	\$ _____	\$ _____
2. LEASEHOLD	\$ _____	\$ _____
3. OTHER FIXED ASSETS (LIST COMPONENTS BELOW):		
_____ / \$ _____		
_____ / \$ _____		
_____ / \$ _____		
_____ / \$ _____		
(TOTAL OTHER FIXED ASSETS)	\$ _____	\$ _____
TOTAL FIXED ASSETS	\$ _____	\$ _____
C. INVESTMENTS (LIST COMPONENTS BELOW):		
_____ / \$ _____		
_____ / \$ _____		
_____ / \$ _____		
TOTAL INVESTMENTS	\$ _____	\$ _____
D. OTHER ASSETS (LIST COMPONENTS BELOW):		
_____ / \$ _____		
_____ / \$ _____		
_____ / \$ _____		
_____ / \$ _____		
(TOTAL OTHER ASSETS)	\$ _____	\$ _____
TOTAL ASSETS (A+B+C+D)	\$ _____	\$ _____

SECTION II CONTINUED (FINANCIAL STATEMENT - - BALANCE SHEET):

BALANCE SHEET (\$000 OMITTED)

	YEAR ENDING 12/31	PRIOR YEAR Ending 12/31
E.1 CURRENT LIABILITIES		
1. ACCOUNTS PAYABLE TO INSURERS	\$ _____	\$ _____
2. ACCOUNTS PAYABLE TO AFFILIATES	\$ _____	\$ _____
3. TAXES PAYABLE	\$ _____	\$ _____
4. OTHER CURRENT LIABILITIES (LIST COMPONENTS)		
_____ / \$ _____		
_____ / \$ _____		
_____ / \$ _____		
_____ / \$ _____		
(TOTAL OTHER CURRENT LIABILITIES)	\$ _____	\$ _____
TOTAL CURRENT LIABILITIES	\$ _____	\$ _____
E.2 LONG TERM DEBT (LIST COMPONENTS)		
_____ / \$ _____		
_____ / \$ _____		
(TOTAL LONG TERM DEBT)	\$ _____	\$ _____
F. STOCKHOLDERS' EQUITY		
1. COMMON STOCK	\$ _____	\$ _____
2. PAID IN CAPITAL	\$ _____	\$ _____
3. RETAINED EARNINGS	\$ _____	\$ _____
4. OTHER STOCKHOLDER'S EQUITY (LIST COMPONENTS BELOW):		
_____ / \$ _____		
_____ / \$ _____		
_____ / \$ _____		
_____ / \$ _____		
(TOTAL OTHER STOCKHOLDERS' EQUITY)	\$ _____	\$ _____
TOTAL STOCKHOLDERS' EQUITY	\$ _____	\$ _____
TOTAL LIABILITIES (E.1 THROUGH F)	\$ _____	\$ _____

G. DISCLOSURE:
STATE THE TOTAL AMOUNT OF **ARIZONA** FUNDS HANDLED ON BEHALF OF INSURERS FOR THE CALENDAR YEAR ENDING
DECEMBER 31/ _____ \$ _____ . 20-485.12(E).

PLEASE NOTE: THE BOND OF ADMINISTRATOR (OR DEPOSIT) FILED WITH THE DEPARTMENT SHALL HAVE A PENALTY LIMIT EQUAL TO A MINIMUM OF TEN PERCENT (10%) OF THE AMOUNT SHOWN IN YOUR RESPONSE TO ITEM "G" OR \$5,000, WHICHEVER IS HIGHER (A.R.S § 20-485.10) . IF NECESSARY, PROVIDE AN ORIGINAL EXECUTED BOND RIDER INCREASING THE PENALTY LIMIT FOR THE BOND OF ADMINISTRATOR (INCLUDING A POWER OF ATTORNEY) WITH YOUR FINANCIAL STATEMENT FILING.

SECTION III (AFFIDAVIT) OFFICERS' NOTARIZED SIGNATURE REQUIRED BELOW

STATE OF: _____)
COUNTY OF: _____)

1. I, _____, HEREBY BEING DULY SWORN, DEPOSE AND SAY THAT
(TYPE OR PRINT NAME OF SIGNATORY)
AS _____ I AM AN OFFICER
(TYPE OR PRINT TITLE)
OF _____ ADMINISTRATOR AND
(TYPED OR PRINT NAME OF LIFE & HEALTH ADMINISTRATOR)

2. I, _____, HEREBY BEING DULY SWORN, DEPOSE AND SAY THAT
(TYPE OR PRINT NAME OF SIGNATORY)
AS _____ I AM AN OFFICER
(TYPE OR PRINT TITLE)
OF _____ ADMINISTRATOR
(TYPE OR PRINT NAME OF LIFE & HEALTH ADMINISTRATOR)

THAT THE INFORMATION PROVIDED HEREIN (FINANCIAL FORM 111) AND IN ALL THE ATTACHMENTS THERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ACCURATELY REFLECTS THE LIFE AND HEALTH ADMINISTRATOR'S FINANCIAL CONDITION AS OF THE DATE OF THE FINANCIAL STATEMENT. FURTHER, I CERTIFY THAT THE FINANCIAL STATEMENT PROVIDED HEREIN IS IN CONFORMITY WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES APPLIED ON A CONSISTENT BASIS.

1. _____ (SIGNATURE OF AN OFFICER OF THE ADMINISTRATOR) _____ (DATE OF SIGNATURE)
2. _____ (SIGNATURE OF AN OFFICER OF THE ADMINISTRATOR) _____ (DATE OF SIGNATURE)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20 ____ BY THE PERSONS LISTED ABOVE.

(SIGNATURE OF NOTARY PUBLIC) (MY COMMISSION EXPIRES) (SEAL)

BEFORE RETURNING THIS FINANCIAL STATEMENT TO THE AZ DOI, DOUBLE-CHECK THE FOLLOWING:

- FINANCIAL INFORMATION PROVIDED HEREIN IS CORRECT TO THE BEST OF YOUR KNOWLEDGE
- PENALTY LIMIT FOR THE BOND OF ADMINISTRATOR MUST MEET THE REQUIREMENT
- AFFIDAVIT IN SECTION III ABOVE MUST PROVIDE TWO NOTARIZED SIGNATURES
- ANNUAL FEE IN THE AMOUNT OF \$195.00 MUST BE INCLUDED WITH FILING; ANY LATE FEE MUST BE INCLUDED

QUESTIONS MAY BE ADDRESSED TO THE LIFE & HEALTH DIVISION, ARIZONA DEPARTMENT OF INSURANCE, 602-364-2394.