



DEPARTMENT OF INSURANCE
STATE OF ARIZONA

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UNAFFILIATED CREDIT LIFE AND DISABILITY REINSURER
ANNUAL STATEMENT FILINGS WORKSHEET

ARIZONA COMPANY CODE NO: CALENDAR YEAR:

COMPANY: DOMICILE: AZ

Table with columns: Initial if Enclosed, Initial at left for each item enclosed with Annual Statement, Agency Use Only. Rows include items A, B, C, D with sub-items and checkboxes.

PREPARED BY:

Type or Print Name & Title Collect / Toll Free Phone Number

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