



**DEPARTMENT OF INSURANCE
STATE OF ARIZONA**

Financial Affairs Division - Compliance Section
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Fax: (602) 364-3989
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**RECORDS LOCATION INFORMATION
RETURN THIS FORM TO THE ABOVE ADDRESS BY **MARCH 1****

ENTER THE CURRENT CALENDAR YEAR IN WHICH THIS FORM IS BEING FILED:

Company Name: _____ **NAIC #:** _____

PROVIDE ADDRESS(ES) WHERE ALL BOOKS AND RECORDS ARE LOCATED: Failure to provide this information could result in our examiner traveling to the wrong location for an examination resulting in an unnecessary expense to you.
1. _____

PHONE NUMBER: _____ FAX NUMBER: _____
2. _____

PHONE NUMBER: _____ FAX NUMBER: _____
E-mail: _____

**INDICATE AT WHICH ADDRESS OUR EXAMINATION WOULD OCCUR
(check one) 1) 2)**

Provide the name and address of your Arizona statutory agent:
NAME OF FIRM: _____
AGENT'S NAME: _____
PHYSICAL ADDRESS: _____
PHONE NUMBER: _____ E-mail: _____

Provide your STATUTORY HOME OFFICE address:

PHONE NUMBER: _____ E-mail: _____

DID CONTROL OF THE INSURER AS DEFINED IN ARS § 20-481(3) CHANGE IN THE CALENDAR YEAR JUST ENDED? Answer: YES NO
STATE THE NUMBER OF COMPANY STOCKHOLDERS OF RECORD ON THE LAST DAY OF THE CALENDAR YEAR (12/31): _____

Prepared by:

Name Title

E-mail Address Date