



**DEPARTMENT OF INSURANCE
STATE OF ARIZONA**

Financial Affairs Division - Compliance Section
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AUDITED FINANCIAL REPORT FILING TRANSMITTAL FORM - DUE **JUNE 1**

GENERAL INSTRUCTIONS:

You are required to file, with us and the NAIC, an Audited Financial Report that has been prepared in accordance with the requirements of **ARS § 20-698** and the **NAIC Annual Financial Reporting Model Regulation**.

THIS TRANSMITTAL FORM MUST BE COMPLETED AND ATTACHED TO THE COVER OF THE REPORT FILED WITH US for identification and recording purposes.

Use our **new Form E-AFR.IC** transmittal form for your Communication of Internal Control Related Matters Noted in an Audit filing, and for your Management’s Report of Internal Control Over Financial Reporting filing, both of which are due **August 1**.

SPECIAL INSTRUCTION FOR CONSOLIDATED REPORTS ONLY:

Each company in the group must **separately** file a copy of the consolidated audited financial report with a Transmittal Form E-AFR to receive credit for the filing, because a copy of the consolidated report must be retained in **each** Annual Statement filed with us.

- **ARIZONA DOMESTIC COMPANIES** must attach a copy of the letter issued by us approving the request to file on a consolidated basis.
- **FOREIGN COMPANIES** must attach a copy of the letter issued by the state of domicile approving the request to file on a consolidated basis.

A **penalty fee of up to \$25 per day** may be assessed for any part of your annual audited financial report that is filed late. ARS § 20-223.

IMPORTANT – ENTER THE CALENDAR YEAR OF THE ATTACHED REPORT: _____

REQUIRED FILING IDENTIFICATION AND RECORDING INFORMATION:

Enter the NAIC Number, name and domicile of the company whose individual Audited Financial Report is attached, or on whose behalf a copy of a Consolidated Audited Financial Report is attached.

NAIC NO.

COMPLETE COMPANY NAME

DOMICILE

PROVIDE THE INFORMATION BELOW FOR THE PERSON TO BE CONTACTED FOR ANY QUESTIONS CONCERNING THIS REPORT:

Type or Print Name and Title

Phone (toll free, if available)

E-mail address: _____