DEPARTMENT OF INSURANCE
STATE OF ARIZONA
Financial Affairs Division - Compliance Section
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
Phone: (602) 364-3245
Fax: (602) 364-3989
www.azinsurance.gov

Reset

Life Care Provider Annual Report Filing Checklist

Attach this Checklist on top of your Annual Report Form E-Lifecare

Enter the information for the Life Care Provider and Manager (if applicable) below:

NAIC Number: _____ **OR** Arizona Company Number: _____ Federal I.D. No: _____

Life Care Provider Name: _____ Fiscal Year Ends: _____ Month/Day

Facility/DBA Name: _____

Manager Name: _____ Fiscal Year Ends: _____ Month/Day

Enter the "As of" date and figures from the most recent financial statement being filed by the Life Care Provider with this Report. **Indicate negative figures with (-) and DO NOT ROUND to thousands.**

Financial Statement "As of" Date ____/____/____ *mo. / day / year*

Assets:	$		Capital:	$	
Liabilities:	$		Surplus / Net Worth:	$	

Initial if Completed & Enclosed ↓↓↓	Initial at left if items are included with Annual Report Form E-LIFECARE	Agency Use Only ↓↓↓
	A. **$450.00 Filing Fee – check payable to Arizona Department of Insurance is enclosed.**	
	B. **Title Page (Page 1 of 12)** is complete for all information	
	C. **Chief Executive Officer** Name, Title and **Signature** on Page 1	
	D. **Notarization** of Chief Executive Officer Signature on Page 1	
	E. **Preparer's** Name, Title, Phone and E-mail address on Page 1	
	F. **Pages 2 through 11, Complete responses to Items 1 through 13**	
	G. **Page 3, Exhibit 1 -** Copy of **Life Care Contract**	
**	H. **Page 4, Exhibit 2 -** Arizona **Biographical Affidavit Form E110** for **each** officer, director, trustee or managing partner **that has not filed an original Bio within the last 3 years.** **Enter "N/A" in box if **ALL required** Bio's have been within the last 3 years → [ ]	
	I. **Page 12, Exhibit 3 - Certified Financial Statement(s)** for the **2 most recent fiscal years** of the: 1. **Provider**…….. .	
**		
**	2. **Manager,** if applicable. **Enter **"N/A"** in box if not applicable → [ ] 3. **Promoter,** if applicable. **Enter **"N/A"** in box if not applicable→ [ ]	
**	J. **Page 12, Exhibit 4 - Actuarial Study,** if applicable**.** **Enter date last filed if not enclosed [ ]	
	K. **Page 12, Exhibit 5 -** Copies of **Escrow Agreements.**	

Type or Print Preparer's Name and Title | **Collect / Toll Free Phone Number** | **E-MAIL Address**