



DEPARTMENT OF INSURANCE
STATE OF ARIZONA

Financial Affairs Division - Compliance Section
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ANNUAL STATEMENT WORKSHEET FOR DOMESTIC LIFE AND DISABILITY REINSURER ONLY

ENTER THE CALENDAR YEAR FOR THIS ANNUAL STATEMENT WORKSHEET: _____

COMPANY: _____ NAIC#: _____ DOMICILE: AZ

THIS WORKSHEET AND THE ANNUAL STATEMENT ARE DUE MARCH 31

INITIAL AT LEFT OF EACH ITEM COMPLETED AND ENCLOSED

Table with 3 columns: Initial if Enclosed, Initial at Left if Items are completed and enclosed with Annual Statement, and AGENCY Use Only. Rows include items A, B, C, and D with detailed instructions and due dates.

MAIL SEPARATELY TO ATTENTION: COMPLIANCE SECTION:

Annual Insurance Holding Company System Registration Statement
Form B and C (due March 31)

PREPARED BY:

Name and Title

Collect/Toll Free Number

E-MAIL address