



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

ANNUAL STATEMENT WORKSHEET FOR
DOMESTIC MECHANICAL REIMBURSEMENT REINSURER ONLY

ENTER THE CALENDAR YEAR FOR THIS ANNUAL STATEMENT WORKSHEET: _____

COMPANY: _____ NAIC#: _____ DOMICILE: AZ

THIS WORKSHEET AND THE ANNUAL STATEMENT ARE DUE APRIL 1

INITIAL AT LEFT OF EACH ITEM COMPLETED AND ENCLOSED

Table with 3 columns: Initial if Enclosed (with arrows), Initial at Left if Items are completed and enclosed with Annual Statement, and AGENCY Use Only (with arrows). Rows include: A. Annual Statement - 8-1/2" X 14" (Proper color jacket, securely Bound in two-sided book form) MUST INCLUDE THE FOLLOWING TO BE COMPLETE: 1. Jurat Page a. TWO Executive Officer Original Signatures (Names Must be on Jurat Page) b. Notary signature and stamp or seal 2. Actuarial Opinion or Enter N/A in box if your Affidavit of Exemption and a copy of our letter granting the exemption are enclosed B. Form E-MRR.104 Application for Certificate of Authority Renewal C. Form E-MRR.PLR Annual Report of Policy and Loss Reserves D. Management Discussion & Analysis with Transmittal Form E-MDA (due April 1) E. IF AVAILABLE, Audited Financial Report with Transmittal Form E-AFR (due June 1)

MAIL SEPARATELY TO ATTENTION: COMPLIANCE SECTION:

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

PREPARED BY: (must complete)

Name and Title

Collect/Toll Free Number

E-MAIL address