



**DEPARTMENT OF INSURANCE
STATE OF ARIZONA**

Financial Affairs Division- Tax Unit
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
Phone: (602) 364-3997 | Fax: (602) 364-3989

www.id.state.az.us

ANNUAL FEES REPORT

YEAR _____

ORIGINAL REPORT AMENDED REPORT / REASON _____

File this form *only* if you operate in Arizona as a business type listed below. To confirm your business type in Arizona, search for your record on our web site at <http://app.az.gov/id/lookup/insurerearch>.

To pay your fees electronically:

Use the NAIC OPTins system. For information about OPTins:

- Visit the NAIC Web site at <https://eapps.naic.org/optins-static/index.html>
- Contact the OPTins Help Desk at optinshelp@naic.org or (816) 783-8990

*Note: To use OPTins, you must establish an account and electronic funds transfer protocol with the NAIC, which can take up to two weeks. **DO NOT** submit this form if you use OPTins.*

To pay by check:

- Complete this form and mail it with your check.
- Make your check payable to Arizona Department of Insurance, print your NAIC number in the memo section. **DO NOT** mail this form or payment with your annual statement.

NOTE: If we do not receive your fee by or before the due date, we may require you to pay a penalty and we may summarily suspend your certificate of authority. ARS §§ 20-217(E), 20-223(D).

BUSINESS TYPE (Check the applicable box)	DUE DATE	TOTAL FEES	Department Use Only	PC 28	OTHER CODE / \$
<input type="checkbox"/> ACCREDITED REINSURER	3/01	\$ 435.00		300	58 / 135
<input type="checkbox"/> DOMESTIC LIFE & DISABILITY REINSURER	3/31	\$ 4,800.00		300	57 / 4500
<input type="checkbox"/> DOMESTIC MECHANICAL REIMBURSEMENT REINSURER	4/01	\$ 4,500.00		n/a	57 / 4500
<input type="checkbox"/> DOMESTIC TITLE INSURER	3/31	\$ 435.00		300	58 / 135
<input type="checkbox"/> FOREIGN TITLE INSURER	3/01	\$ 435.00		300	58 / 135
<input type="checkbox"/> QUALIFIED REINSURER TRUST or QUALIFIED REINSURER BASED ON SURPLUS	2/28	\$ 300.00		300	n/a

COMPANY INFORMATION			
Complete Name of Company	NAIC #	State of Domicile	FEIN
Mailing Address	City	State	ZIP Code
PREPARER INFORMATION			
Name of Preparer	Title		
Preparer's Mailing Address	City	State	ZIP Code
Toll-free Phone Number	Fax Number	E-mail Address	