



**DEPARTMENT OF INSURANCE**  
**STATE OF ARIZONA**  
 Financial Affairs Division- Tax Unit  
 2910 North 44<sup>th</sup> Street, Suite 210  
 Phoenix, Arizona 85018-7269  
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**SURVEY OF ARIZONA DOMESTIC INSURERS**  
**CALENDAR YEAR \_\_\_\_\_**

ORIGINAL REPORT  AMENDED REPORT

**COMPANY NAME \_\_\_\_\_ NAIC # \_\_\_\_\_**

This Survey is **REQUIRED TO BE FILED WITH** your Annual Premium Tax and Fees Report Form. AAC R20-6-205. See Form E-Survey. Instruction for details of the information and supporting documentation required. **DO NOT ROUND**, please report exact figures.

**TOTAL PREMIUMS TAXED BY STATES AND TOTAL LOCAL OR REGIONAL TAXES PAID**

| States with Local or Regional Taxes | Premiums Taxed? (1) |    | Total Life Insurance Premiums TAXED by listed State (Per State Tax Reports) (2) | Total Annuity Considerations TAXED by listed State (Per State Tax Reports) (3) | Total of All Other Premiums TAXED by listed State (Per State Tax Reports) (4) | Total Local & Regional Taxes PAID to Counties, Cities, etc. in listed States (5) |
|-------------------------------------|---------------------|----|---|--|---|--|
|                                     | CHECK ONE           |    |   |  |   |  |
|                                     | YES                 | NO |   |  |   |  |
| Alabama                             |                     |    | \$ _____  | \$ _____   | \$ _____  | \$ _____   |
| Florida                             |                     |    | \$ _____  | \$ _____   | \$ _____  | \$ _____   |
| Georgia                             |                     |    | \$ _____  | \$ _____   | \$ _____  | \$ _____   |
| Illinois                            |                     |    | \$ _____  | \$ _____   | \$ _____  | \$ _____   |
| Kentucky                            |                     |    | \$ _____  | \$ _____   | \$ _____  | \$ _____   |
| Louisiana                           |                     |    | \$ _____  | \$ _____   | \$ _____  | \$ _____   |
| Missouri                            |                     |    | \$ _____  | \$ _____   | \$ _____  | \$ _____   |
| Nebraska                            |                     |    | \$ _____  | \$ _____   | \$ _____  | \$ _____   |
| New York                            |                     |    | \$ _____  | \$ _____   | \$ _____  | \$ _____   |
| Pennsylvania                        |                     |    | \$ _____  | \$ _____   | \$ _____  | \$ _____   |
| South Carolina                      |                     |    | \$ _____  | \$ _____   | \$ _____  | \$ _____   |
| West Virginia                       |                     |    | \$ _____  | \$ _____   | \$ _____  | \$ _____   |

I certify that the information contained in this survey has been truthfully and accurately reported.

\_\_\_\_\_  
 Type or Print Preparer's Name and Title

\_\_\_\_\_  
 E-Mail Address

\_\_\_\_\_  
 Preparer's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Fax Number