



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS

ANNUAL STATEMENT WORKSHEET FOR DOMESTIC LIFE AND DISABILITY REINSURER

ENTER THE CALENDAR YEAR FOR THIS ANNUAL STATEMENT WORKSHEET: _____

COMPANY: _____ NAIC#: _____ DOMICILE: AZ

THIS WORKSHEET AND THE ANNUAL STATEMENT ARE DUE MARCH 31

Initial if Filed ↓ ↓ ↓	Initial at left for each item included with the filing	AGENCY Use Only ↓ ↓ ↓
_____	A. Annual Statement – 8-1/2" X 14" MUST BE FILED ELECTRONICALLY and INCLUDE THE FOLLOWING TO BE COMPLETE:	_____
_____	1. Jurat Page	_____
_____	a. TWO executive officer (Names must be listed on Jurat Page)	_____
_____	b. Notary signature and stamp or seal	_____
_____	2. Actuarial Opinion (Enter N/A in box if premiums and reserves = Zero <input type="text"/>)	_____
_____	3. Life Risk Based Capital Report	_____
_____	B. Form E-178 Certificate of Disclosure MUST BE FILED ELECTRONICALLY and INCLUDE THE FOLLOWING TO BE COMPLETE:	_____
_____	1. Part A must be answered <i>yes</i> or <i>no</i> (If <i>yes</i> , must have attachment)	_____
_____	2. Part B must be answered <i>yes</i> or <i>no</i> (If <i>yes</i> , must have attachment)	_____
_____	3. TWO executive officer electronic signatures (Names must be on Jurat Page)	_____
_____	C. Management Discussion & Analysis (due April 1)	_____
_____	D. IF AVAILABLE, Audited Financial Report	_____

Annual Insurance Holding Company System Registration Statement Form B, C, and F (**due March 31**)
Send completed form(s) to financialfilings@difi.az.gov. DO NOT send a hard copy.

FEE PAYMENT (due March 31)

Remit the \$4,800 (consisting of \$300 for Payment Type 28 and \$4,500 for Payment Type 57) fee payment using NAIC OPTins (www.optins.org) or by sending a check made payable to the *Arizona Department of Insurance and Financial Institutions* along with a copy of this **Annual Statement Worksheet Form E-LR.AS** to the Department.

PREPARED BY:

Name and Title	Phone Number	Email address
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