



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS

SENIOR RESIDENTIAL ENTRANCE FEE CONTRACTS: PROVIDER REGISTRATION ARIZONA REVISED STATUTES TITLE 44, CHAPTER 25, ARTICLE 1

REGISTRATION INSTRUCTIONS:

- 1. Enter complete Provider Registrant Information below, including the Month and Day of its Fiscal Year End.
2. Photocopy a sufficient supply of Pages 2, 3 and 4, as needed to provide all required information for each Schedule.
3. Attach a complete copy of the Provider's most recent Audited Financial Report.
4. Attach a complete photocopy of the Disclosure Statement that is currently in use in accordance with A.R.S. § 44-6954(D)(2).
5. Complete and execute the Certification and Signature section below.
6. Send the application documents to financialfilings@difi.az.gov.
7. Payment of the \$250.00 registration fee. Mail check made payable to the Arizona Department of Insurance and Financial Institutions to:

Insurance Financial Affairs Division
Arizona Department of Insurance and Financial Institutions
100 N. 15th Ave., Suite 261
Phoenix, Arizona 85007-2630

PROVIDER REGISTRANT INFORMATION:

PLEASE PRINT CLEARLY OR TYPE

Table with fields: Full and Exact Provider Name, Business Address, Mail Address, Email Address, Telephone Number, Facsimile (FAX) Number

FISCAL YEAR END _____

CERTIFICATION AND SIGNATURE:

The undersigned Preparer certifies that he/she is duly authorized to execute this registration statement and that the information provided is true and correct to the best of his/her knowledge and belief. Preparer acknowledges on the Provider's behalf that the Provider must file any amendments to its Disclosure Statement with the Arizona Department of Insurance and Financial Institutions within 14 days after making the amendment.

Type or Print Preparer's Name and Title

Preparer's Signature and Date Signed

**SENIOR RESIDENTIAL ENTRANCE FEE CONTRACTS: PROVIDER REGISTRATION
ARIZONA REVISED STATUTES TITLE 44, CHAPTER 25, ARTICLE 1**

SCHEDULE 1

PROVIDE THE NAME, BUSINESS ADDRESS AND BUSINESS TELEPHONE NUMBER OF EACH PERSON HOLDING AT LEAST A TEN PER CENT (10%) OWNERSHIP INTEREST IN THE PROVIDER.

Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

**SENIOR RESIDENTIAL ENTRANCE FEE CONTRACTS: PROVIDER REGISTRATION
ARIZONA REVISED STATUTES TITLE 44, CHAPTER 25, ARTICLE 1**

SCHEDULE 2

PROVIDE MAILING AND STREET ADDRESSES FOR EACH OF THE PROVIDER'S FACILITIES:

Facility Name: _____

Mailing:

City: _____ State: _____ Zip Code: _____

Street:

City: _____ State: _____ Zip Code: _____

Facility Name: _____

Mailing:

City: _____ State: _____ Zip Code: _____

Street:

City: _____ State: _____ Zip Code: _____

Facility Name: _____

Mailing:

City: _____ State: _____ Zip Code: _____

Street:

City: _____ State: _____ Zip Code: _____

Facility Name: _____

Mailing:

City: _____ State: _____ Zip Code: _____

Street:

City: _____ State: _____ Zip Code: _____

**SENIOR RESIDENTIAL ENTRANCE FEE CONTRACTS: PROVIDER REGISTRATION
ARIZONA REVISED STATUTES TITLE 44, CHAPTER 25, ARTICLE 1**

SCHEDULE 3

PROVIDE THE NAME, BUSINESS ADDRESS AND BUSINESS TELEPHONE NUMBER OF THE CHIEF ADMINISTRATOR FOR EACH FACILITY LISTED IN SCHEDULE 2.

Facility Name: _____

Chief Administrator Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Facility Name: _____

Chief Administrator Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Facility Name: _____

Chief Administrator Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Facility Name: _____

Chief Administrator Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Facility Name: _____

Chief Administrator Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Facility Name: _____

Chief Administrator Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____