



**Attn: TPA Registration Team
Arizona Department of Insurance**

Phone: (602) 364-3450
Email: TPAinformation@azinsurance.gov

Form E-100-A: Life and Health Administrator Registration Addendum

Only complete and submit this form if you use a different name or address from those reported on Form E-100, Sections A and B.

SECTION A: Applicant Identity			Department of Insurance Use:
Applicant Name:			
SECTION B: Other Name and/or Address Information			
Name of Entity if different than Applicant Name:			
Address:	City:	State:	ZIP Code:
Name of Entity if different than Applicant Name:			
Address:	City:	State:	ZIP Code:
Name of Entity if different than Applicant Name:			
Address:	City:	State:	ZIP Code:
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