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ARIZONA DIFI

DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

Life Care Provider Annual Report Filing Checklist

Include this Checklist with the Annual Report Form E-LIFECARE

Enter the information for the Life Care Provider and Manager (if applicable) below:

NAIC Number: _____ Federal I.D. No: _____

Life Care Provider Name: _____ Fiscal Year Ends: _____ Month/Day

Facility/DBA Name: _____

Manager Name: _____ Fiscal Year Ends: _____ Month/Day

Financial Statement "As of" Date ___/___/___ ***mo. / day / year***

Initial if Completed or Included ↓↓↓	Initial at left if items are included with Annual Report Form E-LIFECARE	Agency Use Only ↓↓↓
	A. **$450.00 Filing Fee -** A check made payable to **Arizona Department of Insurance and Financial Institutions** has been mailed to the Department with a cover letter.	
	B. **Title Page (Page 1 of 12)** is complete for all information.	
	C. **Chief Executive Officer -** Name, Title and Signature on Page 1.	
	D. **Notarization** of Chief Executive Officer Signature on Page 1.	
	E. **Preparer's** Name, Title, Phone and Email address on Page 1.	
	F. **Pages 2 through 11 -** Complete responses to Items 1 through 13.	
	G. **Page 3, Exhibit 1 -** Copy of Life Care Contract.	
**	H. **Page 4, Exhibit 2 - NAIC UCAA Biographical Affidavit Form 11** for each officer, director, trustee or managing partner **that has not filed a biographical affidavit within the last 3 years.** **Enter "N/A" in box if **all** biographical affidavits have been filed within the last 3 years → [ ]	
	I. **Page 12, Exhibit 3 -** Certified Financial Statement(s) for the **2 most recent fiscal years** of the:	
	1. **Provider**……	
**	2. **Manager,** if applicable. **Enter **"N/A"** in box if not applicable → [ ]	
**	3. **Promoter,** if applicable. **Enter **"N/A"** in box if not applicable→ [ ]	
**	J. **Page 12, Exhibit 4 -** Actuarial Study, if applicable. **Enter date last filed if not enclosed [ ]	
	K. **Page 12, Exhibit 5 -** Copies of escrow agreements. **Enter **"N/A"** in box if not applicable → [ ]	