



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. <b>Annual Statement – 8-1/2" X 14"</b> <b>MUST BE FILED ELECTRONICALLY and INCLUDE THE FOLLOWING TO BE COMPLETE:</b>	_____
_____	1. Jurat Page	_____
_____	a. TWO executive officer (Names <b>must</b> 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. <b>Form E-178 Certificate of Disclosure</b> <b>MUST BE FILED ELECTRONICALLY and INCLUDE THE FOLLOWING TO BE COMPLETE:</b>	_____
_____	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 <b>must</b> be on Jurat Page)	_____
_____	C. <b>Management Discussion &amp; Analysis (due April 1)</b>	_____
_____	D. IF AVAILABLE, <b>Audited Financial Report</b>	_____

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

**PREPARED BY:**

Name and Title	Phone Number	Email address
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