

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 i	inforr	mation for the Life Care Provider and Manager (if applicat	ole) below:	
NAIC Numb	oer:	Federal I.D. No:		
Life Care Provider Name:			Fiscal Year Ends:	
		me:	M	onth/Day
Manager Name: Fiscal Year Ends:				
	ı	Financial Statement "As of" Date	M	onth/Day
Initial if Completed or Included	İ	nitial at left if items are included with Annual Report F	Form E-LIFECARE	Agency Use Only ↓↓↓
***		The \$450.00 payment has been made through OPTins (AR APPLICATION/RENEWAL FEES) https://www.optins.org/ (transaction fee) or a check made payable to the <i>Arizona Linsurance and Financial Institutions</i> (DIFIF) along with a count to DIFI.	there is a \$15.00 Department of	
	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.			
		Pages 2 through 11 - Complete responses to Items 1 through	า 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			
**		Page 12, Exhibit 4 - Actuarial Study, if applicable. **Enter date enclosed		
	K.	Page 12, Exhibit 5 - Copies of escrow agreements. **Enter "applicable →	N/A" in box if not	

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