



**Financial Affairs Division
Arizona Department of Insurance**

100 North 15th Avenue, Suite 261, Phoenix, Arizona 85007-2630

Phone: (602) 364-3986

Web: <https://insurance.az.gov/>

**CERTIFICATE OF ADVERTISING COMPLIANCE
DUE MARCH 31**

Mail this certificate to the address shown above

ANNUAL STATEMENT CALENDAR YEAR FOR WHICH THIS CERTIFICATE IS FILED: _____

I, _____, certify that to the best of my knowledge, information and belief, all written solicitations disseminated during the preceding statement year complied or were made to comply with the provisions of **Title 20, Chapter 4, Article 9 and Administrative Rule R20-6-405(K)**, the Health Care Services Organizations rule, and that no forms of solicitations were disseminated without the prior approval of the Director of Insurance.

Name of Health Care Services Organization

Name of Officer/Affiant

Officer's Title

Date

Signature of Officer/Affiant

Subscribed and sworn to before me this _____ day of _____, _____

_____, Notary Public.

My commission expires _____

(Stamp or Seal)