



**Financial Affairs Division
Arizona Department of Insurance**

2910 North 44th Street, Suite 210, Phoenix, Arizona 85018-7269

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

**ANNUAL STATEMENT WORKSHEET FOR
DOMESTIC MECHANICAL REIMBURSEMENT REINSURER**

ENTER THE CALENDAR YEAR FOR THIS ANNUAL STATEMENT WORKSHEET: _____

COMPANY: _____ NAIC#: _____ DOMICILE: AZ

THIS WORKSHEET AND THE ANNUAL STATEMENT ARE DUE APRIL 1

Initial if Enclosed ↓ ↓ ↓	Initial at left for each item enclosed with Annual Statement	AGENCY Use Only ↓ ↓ ↓
_____	A. Annual Statement – 8-1/2" X 14" (Proper color jacket, securely bound in two-sided book form) MUST INCLUDE THE FOLLOWING TO BE COMPLETE: 1. Jurat Page a. TWO executive officer original signatures (Names must be on Jurat Page) b. Notary signature and stamp or seal 2. Actuarial Opinion or Enter N/A in box if your Affidavit of Exemption and a copy of our letter granting the exemption are enclosed <input type="checkbox"/>	_____
_____	B. Form E-MRR.05 Annual Report of Policy and Loss Reserves and Application for Certificate of Authority Renewal	_____
_____	C. Management Discussion & Analysis with Transmittal Form E-MDA (due April 1)	_____
_____	D. IF AVAILABLE, Audited Financial Report with Transmittal Form E-AFR (due June 1)	_____

MAIL SEPARATELY TO THE FINANCIAL AFFAIRS DIVISION:
Annual Insurance Holding Company System Registration Statement
Form B and C (due March 31)

PREPARED BY:

Name and Title	Phone Number	Email address
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