



DEPARTMENT OF INSURANCE
 STATE OF ARIZONA
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**SENIOR RESIDENTIAL ENTRANCE FEE CONTRACT PROVIDER
 ANNUAL AUDITED FINANCIAL REPORT TRANSMITTAL FORM**

GENERAL INSTRUCTIONS:

You are required to file an Audited Financial Report prepared by an Independent Certified Public Accountant **within 180 days after your fiscal year end each year.**

YOU MUST COMPLETE AND ATTACH THIS FORM TO THE COVER OF YOUR AUDITED FINANCIAL REPORT for filing identification and recording purposes.

REQUIRED INFORMATION:

Enter the information below for the Provider whose Audited Financial Report is attached.

NUMBER ASSIGNED BY US TO THE PROVIDER: _____
PROVIDER'S NAME: _____
FISCAL YEAR END OF REPORT: _____

Enter the Provider's Net Worth according to the attached Report: \$ _____
DO NOT ROUND TO THOUSANDS

Answer each question below.

1. Has this report been prepared in accordance with generally accepted accounting principles?
YES or NO _____. If No, explain _____
2. Is the Auditor's opinion qualified **OR** does the Report contain a statement that the Auditors have substantial doubt about the Provider's ability to continue as a going concern?
YES or NO _____. If YES, explain _____
3. Are subsequent events reported in the Notes to Financial Statements?
YES or NO _____ **If YES**, reference the Page Number of the Report: **Page**_____

ENTER THE COMPLETE NAME, TITLE, DATE AND COLLECT OR TOLL FREE TELEPHONE NUMBER OF THE PERSON TO BE CONTACTED FOR QUESTIONS CONCERNING THIS FILING:

 Type or print name and title

 Date

 Phone