



**Attn: TPA Registration Team**  
**Arizona Department of Insurance**  
 100 North 15th Avenue, Suite 102  
 Phoenix, Arizona 85007-2624

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 Email: [TPAinformation@azinsurance.gov](mailto:TPAinformation@azinsurance.gov)

## Form E-100-B: Life and Health Administrator Biographical List

Complete Form E-100-B to report the name and title of each individual counted in Form E-100, Item 13, Section E.

| SECTION A: Applicant Identity   |        | Department of Insurance Use:   |
|---|--------|--|
| Applicant Name:   |        |  |
| SECTION B: Biographical Affidavit List - <i>Type Name, type Title, and check either Add/New, Retain, Remove</i> |        |  |
| Name:   | Title: | <input type="checkbox"/> Add/New <input type="checkbox"/> Retain <input type="checkbox"/> Remove |
| Name:   | Title: | <input type="checkbox"/> Add/New <input type="checkbox"/> Retain <input type="checkbox"/> Remove |
| Name:   | Title: | <input type="checkbox"/> Add/New <input type="checkbox"/> Retain <input type="checkbox"/> Remove |
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