



Attn: Service Company Permit Team
Arizona Department of Insurance
 100 North 15th Avenue, Suite 261
 Phoenix, Arizona 85007-2630

Phone: (602) 364-3450
 Email: ebowsher@azinsurance.gov

Form E-800-B: Service Company Biographical List

Complete Form E-800-B to report the name and title of each individual from Item 4, Section E of Forms E-800 and E-811.

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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