



**Financial Affairs Division
Arizona Department of Insurance**

100 North 15th Avenue, Suite 102, Phoenix, Arizona 85007-2624

Phone: (602) 364-3999

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

LIFE CARE PROVIDER ANNUAL REPORT AMENDMENT

FOR THE FISCAL YEAR ENDING: _____

AMENDMENT DATE: _____

(Full and Exact Corporate Name)

OF:

(Doing Business As / Or Facility Name)

(Statutory Home Office Address: Street & Number, City, State, Zip Code and phone number)

(Administrative Office Address: Street & Number, P.O. Box, City, State, Zip Code – enter phone numbers below)

Phone No.: () _____ Toll-Free: () _____ Fax No.: () _____

NAIC No.(if assigned): _____ Arizona Company No. (if assigned): _____ Fed. ID No.: _____

organized under the laws of _____ on _____
(Month, Day, Year)

as a Non-Profit Corporation Stock Company Partnership

Other (Specify): _____

hereby submits the attached information and Exhibits in accordance with ARS § 20-1807.

Dated at _____, this _____ day of _____, 20 _____

I hereby depose and certify that I have prepared or reviewed this Report and it is true, complete, and correct to the best of my knowledge and belief.

Signature of Chief Executive Officer ONLY

Chief Executive Officer's Name and Title

Subscribed and sworn to before me, this _____ day of _____, 20 _____

Notary Signature

Stamp or Seal here

My Commission Expires

Preparer's Name and Title

Preparer's Phone Number and E-Mail Address

THERE IS NO FILING FEE REQUIRED FOR THIS AMENDMENT REPORT

MAIL THIS REPORT TO the address shown above.