



**Attn: TPA Registration Team**  
**Arizona Department of Insurance**  
 2910 North 44<sup>th</sup> Street, Suite 210  
 Phoenix, Arizona 85018-7269

Phone: (602) 364-3450  
 Email: [TPAinformation@azinsurance.gov](mailto:TPAinformation@azinsurance.gov)

### Form E-100-A: Life and Health Administrator Registration Addendum

Only complete and submit this form if you use a different name or address from those reported on Form E-100, Sections A and B.

|   |       |        |                              |
|---|-------|--------|------------------------------|
| <b>SECTION A: Applicant Identity</b>                    |       |        | Department of Insurance Use: |
| Applicant Name:   |       |        |                              |
| <b>SECTION B: Other Name and/or Address Information</b> |       |        |                              |
| Name of Entity if different than Applicant Name:        |       |        |                              |
| Address:  | City: | State: | ZIP Code:                    |
| Name of Entity if different than Applicant Name:        |       |        |                              |
| Address:  | City: | State: | ZIP Code:                    |
| Name of Entity if different than Applicant Name:        |       |        |                              |
| Address:  | City: | State: | ZIP Code:                    |
| Name of Entity if different than Applicant Name:        |       |        |                              |
| Address:  | City: | State: | ZIP Code:                    |
| Name of Entity if different than Applicant Name:        |       |        |                              |
| Address:  | City: | State: | ZIP Code:                    |
| Name of Entity if different than Applicant Name:        |       |        |                              |
| Address:  | City: | State: | ZIP Code:                    |
| Name of Entity if different than Applicant Name:        |       |        |                              |
| Address:  | City: | State: | ZIP Code:                    |
| Name of Entity if different than Applicant Name:        |       |        |                              |
| Address:  | City: | State: | ZIP Code:                    |