



**DEPARTMENT OF INSURANCE**

**STATE OF ARIZONA**

*Life and Health Division*

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Phoenix, Arizona 85018-7269

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**CERTIFICATE OF ADVERTISING COMPLIANCE**

**DUE MARCH 31**

*Mail this certificate to the address shown above*

**ANNUAL STATEMENT CALENDAR YEAR FOR WHICH THIS CERTIFICATE IS FILED: \_\_\_\_\_**

I, \_\_\_\_\_, certify that to the best of my knowledge, information and belief, all written solicitations disseminated during the preceding statement year complied or were made to comply with the provisions of **Title 20, Chapter 4, Article 9 and Administrative Rule R20-6-405(K)**, the Health Care Services Organizations rule, and that no forms of solicitations were disseminated without the prior approval of the Director of Insurance.

\_\_\_\_\_  
Type Name of Health Care Services Organization

\_\_\_\_\_  
Type Name of Officer/Affiant

\_\_\_\_\_  
Officer's Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Officer/Affiant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, Notary Public.

My commission expires \_\_\_\_\_

(Stamp or Seal)