



**DEPARTMENT OF INSURANCE  
STATE OF ARIZONA**

*Financial Affairs Division - Compliance Section*  
2910 North 44<sup>th</sup> Street, Suite 210  
Phoenix, Arizona 85018-7269  
Phone: (602) 364-3245  
Fax: (602) 364-3989  
[www.azinsurance.gov](http://www.azinsurance.gov)

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**LIFE CARE PROVIDER ANNUAL REPORT AMENDMENT**

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**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**

\_\_\_\_\_  
Type/Print 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

\_\_\_\_\_  
Type/Print Preparer's Name and Title

\_\_\_\_\_  
Preparer's Phone Number and E-Mail Address

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**THERE IS NO FILING FEE REQUIRED FOR THIS AMENDMENT REPORT**

**MAIL THIS REPORT TO:**

**Attention: COMPLIANCE SECTION**  
ARIZONA DEPARTMENT OF INSURANCE  
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Phoenix, Arizona 85018-7269