



**DEPARTMENT OF INSURANCE
STATE OF ARIZONA**

Financial Affairs Division - Compliance Section
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**MANAGEMENT DISCUSSION AND ANALYSIS REPORT TRANSMITTAL FORM
DUE APRIL 1**

You **MUST** complete and **ATTACH** this Transmittal Form to the cover of the Management Discussion and Analysis Report that you are required to file with us.

ENTER THE CALENDAR YEAR OF THE ATTACHED REPORT: _____

COMPLETE PART A OR PART B FOR THE ATTACHED REPORT

PART A - FOR CONSOLIDATED REPORTS ONLY:

Enter the name, domicile and NAIC number of the insurance company on whose behalf the attached consolidated Report is being filed. **Each company authorized in Arizona and required to file a hard copy Management Discussion and Analysis Report with us must separately file a copy of the consolidated Report with a completed transmittal Form E-MDA.**

NAIC #

COMPLETE COMPANY NAME

DOMICILE

Have the conditions for filing consolidated Management Discussion and Analysis Reports prescribed in the NAIC Annual Statement Instructions been met and have all domiciliary insurance commissioners granted approval to file consolidated audited financial statements?

Answer YES or NO ___

If NO, explain: _____

PART B - FOR A SINGLE COMPANY REPORT ONLY:

Enter the name, domicile and NAIC number of the insurance company whose individual Management Discussion and Analysis Report is attached.

NAIC #

COMPLETE COMPANY NAME

DOMICILE

ENTER THE INFORMATION BELOW FOR THE PERSON TO BE CONTACTED FOR QUESTIONS CONCERNING THIS REPORT:

Type or print Name and Title

Collect/Toll Free Number

E-MAIL ADDRESS