

INSURANCE TAX UNIT Arizona Department of Insurance 2910 North 44<sup>th</sup> Street, Suite 210 Phoenix, Arizona 85018-7269 Phone: (602) 364-3997 | Fax: (602) 364-3989 www.azinsurance.gov

FOR CALENDAR YEAR \_\_\_\_\_

## FILING DUE DATE f7 \ YW\_'h Y'cbY'h UhUdd`]YgŁ```

*Aww* iscal year ends December 31<sup>st</sup>KŸou must pay and file this form by AUGUST 1<sup>st</sup>. Á *Aww* iscal year does not end December 31<sup>st</sup>KŸou must pay and file this form by NOVEMBER 1<sup>st</sup>.

## Do not file this form if you pay your fees via the NAIC OPTins system

COMPANY INFORMATION									
Complete Name of Company					NAIC #	Domicile	e State	FEIN	
Mailing Address			City			State	ZIP Code		
PREPARER INFORMATION									
Name of Preparer					Title				
Preparer's Mailing Address			City			State	ZIP Code		
Toll-free Phone	Number Fax Number			E-mail Address					
ANNUAL FEES DUE									
TOTAL DUE: <u>\$4,800.00</u> , consisting of the following:									
• Certificate of Authority Renewal Fee per ARS § 20-167(A)(2)(b): \$4,500.00									
<ul> <li>Annual Statement Filing Fee per ARS § 20-167(A)(8): \$300.00</li> </ul>									
PAYMENT INSTRUCTIONS									
EITHER:									
A. Pay using the NAIC OPTins system (and do not submit this form).									
Visit the NAIC Web site at <a href="https://eapps.naic.org/optins-static/index.html">https://eapps.naic.org/optins-static/index.html</a>									
Contact the OPTins Help Desk at optinshelp@naic.org or (816) 783-8990									
Note: To use OPTins, you must establish an account and electronic funds transfer protocol with the NAIC, which can take up to two weeks.									
B. Pay by check or money order									
<ul> <li>Complete this form and mail it with your check or money order made payable to INSURANCE TAX UNIT. Include your NAIC number on your payment.</li> </ul>									
• <u><b>DO NOT</b></u> mail this form and payment with your annual statement. Send it separately to the INSURANCE TAX UNIT at the address shown at the top of the form.									
DEPARTMENT OF INSURANCE ACCOUNTING INFORMATION									
Year:	Company	/License Type: <b>C</b>	NAIC:		Period:	Trans <sup>-</sup>	Гуре: <b>01</b>		
Pay Code 1: <b>57</b>	Amount 1	4500.00	Pay C	ode 2: <b>28</b>	Amount 2:	300.00		1	

We may summarily suspend your Arizona Certificate of Authority if you do not pay your Certificate of Authority Renewal Fee by the due date. ARS § 20-217(E).

We may assess a penalty fee of up to \$25 per day if you pay fees late. ARS § 20-223(D).