



Insurance Tax Section
 Arizona Department of Insurance
 and Financial Institutions
 100 N. 15th Avenue, Suite 261
 Phoenix, Arizona 85007-2630
 Phone (602) 364-3246
<https://difi.az.gov>

**UNAFFILIATED CREDIT LIFE &
 DISABILITY REINSURER
 ANNUAL FEES REPORT
 FOR CALENDAR YEAR _____**

FILING DUE DATE **17\ YW`H Y`cbY`H UhUdd`JYgk`**

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 If fiscal year ends December 31<sup>st</sup> You must pay and file this form by **AUGUST 1<sup>st</sup>**. Á

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 If fiscal year does not end December 31st You must pay and file this form by **NOVEMBER 1st**.

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

COMPANY INFORMATION				
Complete Name of Company			NAIC #	Domicile State
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: \$4,800.00 , consisting of the following:				
<ul style="list-style-type: none"> • Certificate of Authority Renewal Fee per ARS § 20-167(A)(2)(b): \$4,500.00 • Annual Statement Filing Fee per ARS § 20-167(A)(8): \$300.00 				
PAYMENT INSTRUCTIONS				
EITHER:				
A. Pay using the NAIC OPTins system (and do not submit this form).				
<ul style="list-style-type: none"> • Visit the NAIC Web site at https://www.optins.org/ • Contact the OPTins Help Desk at optinshelp@naic.org or (816) 783-8500 <p><i>Note: To use OPTins, you must establish an account and electronic funds transfer protocol with the NAIC, which can take up to two weeks.</i></p>				
B. Pay by check or money order				
<ul style="list-style-type: none"> • 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. • DO NOT 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: C	NAIC:	Period:	Trans Type: 01
Pay Code 1: 57	Amount 1: 4500.00	Pay Code 2: 28	Amount 2: 300.00	

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).