



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS

ANNUAL STATEMENT WORKSHEET FOR DOMESTIC MECHANICAL REIMBURSEMENT REINSURER

ENTER THE CALENDAR YEAR FOR THIS ANNUAL STATEMENT WORKSHEET: _____

COMPANY: _____ NAIC#: _____ DOMICILE: AZ

THIS WORKSHEET AND THE ANNUAL STATEMENT ARE DUE APRIL 1

Table with 3 columns: Initial if Included, Initial at left for each item included with Annual Statement, and AGENCY Use Only. Rows include items A, B, C, and D with checkboxes and descriptions.

SEND SEPARATELY TO THE INSURANCE FINANCIAL AFFAIRS DIVISION:

Annual Insurance Holding Company System Registration Statement Form B, C, and F (due March 31)

PREPARED BY:

Name and Title Phone Number Email address