



IT IS REQUIRED THAT THE FINANCIAL STATEMENT BE FOR THE SELF-INSURED ENTITY ONLY AND SHALL BE EXECUTED ON THIS FORM. ALL FINANCIAL INFORMATION MUST BE AUDITED. YOU MAY ATTACH AN ANNUAL REPORT OR AUDITED INTERNAL FINANCIAL STATEMENT WITH ACCOUNT DETAILS. HOWEVER, SUMMARY FIGURES MUST BE ON THIS REPORT. FINANCIAL STATEMENTS FOR THE PARENT MAY NOT BE SUBSTITUTED FOR THE SUBSIDIARY'S INDIVIDUAL FINANCIAL INFORMATION UNLESS PRIOR APPROVAL HAS BEEN GIVEN BY THE DIVISION.

### Self-Insurer's Annual Financial Statement

This is a confidential report to the Division of Workers' Compensation for the purpose of showing financial ability to pay worker's compensation liabilities as a self-insurer under Section 287.280 Workers' Compensation Law

Employer Name \_\_\_\_\_ Employer Address \_\_\_\_\_

Fiscal Year Ending \_\_\_\_\_

Figures are in \_\_\_\_\_  
(Denomination)

Name of Auditing Firm or Individual \_\_\_\_\_

#### Assets

##### Current Assets

Cash and Cash Equivalents \$ \_\_\_\_\_  
Short Term Investments \$ \_\_\_\_\_  
Notes Receivable Net (less discount) \$ \_\_\_\_\_  
Accounts Receivable Net \$ \_\_\_\_\_  
Inventory (itemized or enter total on this form and attach detail)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Inventory \$ \_\_\_\_\_

Deferred Income Taxes \$ \_\_\_\_\_

Other Current Assets (itemized or enter total on this form and attach detail)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Other Assets \$ \_\_\_\_\_

**Total Current Assets \$ \_\_\_\_\_**

##### Long-Term Assets

Fixed Assets Net of Depreciation (itemized or enter total on this form and attach detail)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Fixed Assets \$ \_\_\_\_\_

Deferred Assets \$ \_\_\_\_\_

Intangible Assets/Goodwill Net of Amortization \$ \_\_\_\_\_

Other Assets (itemized or enter total on this form and attach detail)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Other Assets \$ \_\_\_\_\_

**Total Long Term Assets \$ \_\_\_\_\_**

**TOTAL ASSETS \$ \_\_\_\_\_**

**Liabilities and Net Worth**

**Current Liabilities**

Accounts Payable \$ \_\_\_\_\_

Accrued Liabilities \$ \_\_\_\_\_

Other Current Liabilities (itemized or enter total on this form and attach detail)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Other Liabilities \$ \_\_\_\_\_

**Total Current Liabilities \$ \_\_\_\_\_**

**Long-Term Liabilities**

Long Term Debt \$ \_\_\_\_\_

Deferred Income Taxes \$ \_\_\_\_\_

Other Long Term Liabilities (itemized or enter total on this form and attach detail)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Other LT Liabilities \$ \_\_\_\_\_

**Total Long Term Liabilities \_\_\_\_\_ \$**

**TOTAL LIABILITIES \$ \_\_\_\_\_**

**Net Worth**

Itemize net Worth or enter total on this form and attach detail

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL NET WORTH \$ \_\_\_\_\_**

**TOTAL LIABILITIES AND NET WORTH \$ \_\_\_\_\_**

Total Revenues \_\_\_\_\_

Net Income \_\_\_\_\_

Name of Officers

President \_\_\_\_\_

Vice-President \_\_\_\_\_

Treasurer \_\_\_\_\_

Secretary \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

} ss

\_\_\_\_\_, being duly sworn, says that he/she is the \_\_\_\_\_ of the above-named employer, self-insured pursuant to Section 287.280 of the Missouri Workers' Compensation Law, that he/she has carefully examined the foregoing report and the facts therein set forth are true; that the assets are correctly set forth and there are not other liabilities against the employer than those set forth therein; that it is a report of the self-insured employer, exclusive of subsidiaries or affiliates.

Sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(Signature)

\_\_\_\_\_  
(Notary Public)

(My commission expires \_\_\_\_\_)

NOTE – If the employer is a corporation, signature should be made and seal used according to the laws of Missouri and the official taking this acknowledgment is cautioned to see that it is properly taken. Do not omit official title of affiants, if corporation.