



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.