



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 _____

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_____, 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.