DIVISION OF WORKERS' COMPENSATION

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

P.O. Box 58
Jefferson City, MO 65102-0058
573-751-4231
labor.mo.gov/DWC

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 _____, _____

_____

(Notary Public)

(My commission expires _____)

_____

(Signature)

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.

Missouri Division of Workers' Compensation is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711