

LIFE CARE INSTITUTIONS
ANNUAL REPORT

For the Year Ended _____

Institution Name: _____

Address: _____

This report is provided to the State Commissioner of Financial Services pursuant to §12-13-105, C.R.S. It includes the attached audited financial statements for the above noted fiscal year ended and other information as required below. All amounts are to be as of the end of your fiscal year.

1. Name of Certified Public Accounting firm conducting audit:

Address: _____

Phone: _____ Contact: _____

2. Agent for Service of Process:

Name: _____

Address: _____

3. Name and titles of officers, directors, trustees, or other governing body (please attach separate schedule).

4. a. Number of Life Care Residents: _____

b. Total Number of Residents: _____

c. Percentage (equals a. divided by b.): _____ %

5. Have there been any changes to the articles of incorporation or bylaws of the facility during the last fiscal year?

_____ If yes, attach a copy.

6. Have there been any changes to the life care contract on file with the Division during the last fiscal year?

_____ If yes, attach a copy.

7. Is there any pending court action to which a provider, principal, parent or subsidiary corporation, third party service provider, or affiliate is a party?

_____ If yes, attach an explanation.

8. Is there any injunctive or restrictive order of a court of record that has been applied to the provider, or any suspensions or revocation of any state or federal license or permit which arises out of or related to business activity or health care?

_____ If yes, attach an explanation.

9. List the current amount held in escrow pursuant to §12-13-104, C.R.S.

\$ _____

This represents how many pre-occupancy contracts? _____

Name of escrow agent: _____

Have there been any changes to the escrow agreement during the last fiscal year?

_____ If yes, attach a copy.

10. Please provide the bank or escrow account statements that supports the figure reported in #9 above as of this annual filing date.

11. List the current amount required to be held in statutory reserves for unperformed services pursuant to §12-13-107, C.R.S.

\$ _____

12. Attach a schedule showing the detailed calculation of reserves reported in #11 above pursuant to §12-13-107(1)(a), §12-13-107(1)(b), and §12-13-107(1)(c). C.R.S.

13. For the reserves listed in #11 above, please include copies of all bank and trust account statements supporting the level of reserves reported in #11 above as of this filing date. Make any notations, calculations of highlights necessary to match them up with the reported reserve requirements.

I do hereby certify to the State Commissioner of Financial Services that the above information is true and correct and that all sections of Title 12, Article 13 of the Colorado Revised Statutes, as amended, and applicable Division Regulations are being adhered to. I further certify that this facility has complied with §12-13-104, C.R.S. and §12-13-107, C.R.S., since the previous report date, except for instances which are explained in attachments to this report, and that the life care provider has made no false statements or representations, has not conducted business in a fraudulent manner, and has not been convicted of a credit involving misappropriation or misuse of funds, nor has any officer been so convicted.

Prepared by:

Signature: _____

Printed name: _____

Title: _____

Telephone: _____

The preparer of this report is hereby notified that any false statements contained herein may be punishable as perjury pursuant to Title 18, Article 8, Part 5 of the Colorado Revised Statutes.