

LIFE CARE INSTITUTIONS
QUARTERLY REPORT

For the Quarter Ended _____

Institution Name: _____

Address: _____

Please provide the requested information as of the quarter end listed above.

1. Number of Life Care Residents: _____

2. 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: _____

3. Please provide the bank or escrow account statement that supports the escrow figure reported above in #2 at this quarterly filing date.

4. List the current amount held in statutory reserves pursuant to §12-13-107, C.R.S. as determined by your most recent **Annual** report filing.

\$ _____

5. For the reserves listed in #4 above, please include copies of all bank or trust account statements supporting the level of reserves reported in #4 above at this quarterly filing date. Make any notations, calculations or 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.

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.