

Office of Insurance Regulation
Specialty Product Administration

**FLORIDA COMPANY
CODE:**

**FEDERAL EMPLOYER
IDENTIFICATION NUMBER:**

**MINIMUM LIQUID RESERVE (MLR) CALCULATION
OF THE**

(Continuing Care Provider)

**TO THE
OFFICE OF INSURANCE REGULATION
OF THE
STATE OF FLORIDA**

Specialty Product Administration
200 East Gaines Street
Tallahassee, FL 32399 - 0331

FOR PERIOD ENDED

MINIMUM LIQUID RESERVE (MLR) CALCULATION**Instructions****General Instructions**

1. This form is submitted electronically. **Adobe Reader version 7.0.5 or higher is required.** To assist you in completing this form you may want to click both "highlight fields" and "highlight required fields" in the upper right hand corner of the Adobe Reader toolbar.
2. When you downloaded this form, you were assigned a session key. This session key has an expiration date that was also assigned prior to downloading this form. **Please make sure you save or submit prior to this expiration date or all work up until the last save will be lost.**

This session will expire on: Eastern Time
3. A multi-facility provider shall complete and submit a separate form and all supporting schedules thereunder for each facility for which it is the licensed provider.
4. This form and all supporting documents are required to be filed each year with the annual report required by Section 651.026, F.S.; or, 61 days prior to the release of funds pursuant to Section 651.023(4), F.S., and thereafter with the annual report; or 61 days prior to commencement of operations pursuant to Rule 69O-193.050, FAC, and thereafter with the annual report.
5. For the first 12 months of operation, the operating reserve calculation shall be determined by the data projected in the feasibility study required by Section 651.023 (1)(b), F.S. Where a provider has operated for more than 12 months, the operating reserve calculation shall be determined by averaging the totals of annual data reported to the Office by the number of annual reports filed with the Office within the immediate preceding 3-year period, including the year being filed.
6. This report is subject to return, if an unapproved waiver of debt service or a disallowed debt service ratio reduction is used.
7. Complete pages 8 through 17. The form is meant to be completed in order beginning with page 8 as the report form will calculate totals and pre-populate fields based upon your responses. Many of the pre-populated lines cannot be overwritten. However, it may be necessary for you to overwrite some of the pre-populated lines. Checking the "highlight fields" box at the top right corner of the screen will show you which fields you can change. Checking the "highlight required fields" box at the top right corner will show all required fields in a red box.
8. Not all schedules apply to each provider so a cursory review of the instructions and schedules may save you time in the preparation of this form or alert you to the need for pre-approval by the Office before a specific schedule may be used.
9. The enable calculations check box (at the top of each page) will allow you to turn the auto calculation feature on or off. By turning off this feature, data entry will be faster but in order to submit the form data, this feature will have to be enabled to ensure all calculations and validations are correct.

INSTRUCTIONS FOR COMPLETION OF THE MINIMUM LIQUID RESERVE FORM

<u>Item</u>	<u>Comment</u>
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SCHEDULE I - General Information (pages 8 & 9) To be completed by all providers.

<u>Item</u>	<u>Comment</u>
Heading	Enter the beginning and ending dates for the MLR fiscal year and the MLR funding year. If submitted with the annual report, the MLR fiscal year begins the day after the most recently ended fiscal year (1 day after line 5) and the funding year begins 61 days after the annual report due date. If not submitted as part of the annual report, enter the latter of 61 days from the filing date or the release of funds date for the beginning fiscal and beginning funding year dates. Enter the next fiscal year-end for the ending fiscal year date and enter 181 days thereafter for the ending funding year date.
3.	Please use the most recent address for the provider.
7.	Enter the issuance date of both the Provisional Certificate of Authority, and the Certificate of Authority. Enter the same date for each if only one initial licensing occurred.
8.	Enter the information for the person that we should contact if we have any questions concerning the MLR form.
9.	Follow the form instructions. For 9A, if the facility has been open less than 12 months include the number of sales anticipated by the feasibility study for the MLR period ending date. For 9B, if the facility has been open less than 12 months, include the projected number of non-continuing care contracts/residents anticipated by the feasibility study for the MLR.
10A.	Enter the amount of liability insurance premiums for the calendar year of 1999. Attach documentation for the amount reported if not previously submitted with an MLR calculation. If initially licensed in 1999 or after, the liability insurance premiums paid during the first 12 months of operations should be used or the amounts from the feasibility study if the facility has been open less than 12 months.
10B.	Enter the amount of other non-facility, non-liability insurance for the calendar year of 1999. If initially licensed in 1999 or after, the non-facility, non-liability insurance premiums paid during the first 12 months of operations should be used or the amounts from the feasibility study should be used if the facility has been open less than 12 months.
10C. - 10D.	Enter in rows (A) through (C), the amount of non-facility insurance expenses for the last three fiscal years. The average for those expenses in row (D) will be automatically computed. Complete one row for each fiscal year completed with (A) being the most recent, (B) the next most recent, and, (C) the oldest. For a facility open less than three years, enter as many years as data is available or from the feasibility study if open less than 12 months

INSTRUCTIONS FOR COMPLETION OF THE MINIMUM LIQUID RESERVE FORMItem Comment**SCHEDULE II - Statement of Operations (page 10)** To be completed by all providers.

General Section 651.035, F.S., requires that a Provider of a facility that has been in operation for less than 12 months maintain an amount equal to 30% of the total operating expenses as projected in the feasibility study required by Section 651.023, F.S. For a facility that has been in operation for more than 12 months, Section 651.035, F.S., requires that a Provider maintain an amount equal to 15% of an average of the 3 most recent year's operating expenses, less the listed deductions (including the most recent fiscal year).

Please note that the year column and question 14 are pre-populated with figures from question 10 and cannot be changed unless your response to question 10 is changed. If the MLR calculation is submitted with the annual report, lines 11 and 12 may also be pre-populated. However, these amounts can be overwritten if necessary.

If the fiscal year end has changed in the last three years - (you answered yes to question 6A) you must adjust affected entries. Use formula $(X / Y) * 12$ for each entry in the appropriate row. In this formula, X = the revenue for expense to be adjusted, and Y = the number of months in the short or long fiscal year being adjusted from 6C. Please overwrite any amounts that are pre-populated in the table.

Complete one row for each fiscal year completed with (A) being the most recent, (B) the next most recent and (C) being the oldest.

11. Enter the Total Operating Expenses for each fiscal year completed or row (a) (based on Feasibility Study) if 12 months of operation have not been completed. Entries must directly match those filed on Annual Report Page 16, Line 21 or the Feasibility Study. Row (D) is automatically computed by dividing the sum of the column (A, B, & C), by the number of completed rows

12A. - 12D. Enter the number from the Annual Report (A/R) column indicated, on the corresponding row

13A. If this column is used, attach a detailed calculation for the determined amount. Also, the amount shall be supported by your Certified Public Accountant's workpapers.

13B. If this column is used, attach a detailed summary of expenses. The only items that may be included in this category are extraordinary items that are explained and documented in accordance with Generally Accepted Accounting Principles

14. Calculate the difference between column 10C and line 10A for rows (A - C), respectively. Negative results must be included in these columns. If the average is negative or 0, no benefit is gained by this reversal and the entire column should be left blank.

15. Column 15 is automatically calculated based on column 11 minus columns 12 through 14.

Questions Answer the two yes/no questions. If submitting with an annual report, the answers should be as of the last fiscal year ending date. Otherwise, your responses should be as of the date submitting the MLR calculation. The form will automatically complete the appropriate lines for items 16 - 41. Please note that not all lines will be completed.

INSTRUCTIONS FOR COMPLETION OF THE MINIMUM LIQUID RESERVE FORMItem Comment**SCHEDULE III - Renewal and Replacement Reserve (page 11)**

The form will complete this section if you answered "yes" to whether the facility has been in business for 12 months or more. If you answered "no" this section will be skipped.

26. Enter accumulated depreciation if required.

SCHEDULE IV - Debt Service Reserve (page 12) To be completed by all providers.

General The fiscal periods referred to here should correspond with the beginning and ending dates specified in Schedule I (i.e. The fiscal year subsequent to your annual report.) unless otherwise indicated. Complete a separate row for each facility debt issue and/or leasehold payment. In addition, if your facility has a debt issue with multiple debt service reserve accounts, a separate row must be entered for each portion of the debt reserved for by the debt service reserve account. For each debt issue having a debt service reserve account for which you want that debt service account to fulfill a portion of your facility's MLR requirement, please check the box next to that debt issue.

42. - 47. Follow form instructions. Principle payments due on the debt during the fiscal year are described in the general instructions above. This amount must agree with the audited financial statements. If there are no principal and interest payments due during the period, enter zero. If there are no principal payments due during the fiscal year, include on this line the interest payments due during the next 12 months on all long-term financing of the facility. Enter the amount of all tax payments made during the last fiscal year related to the real property of the facility on the top line. This amount must agree with the annual report. If the facility has been open less than 12 months, the feasibility study prejections should be used.

48. Enter any leasehold payments due.

SCHEDULE V - Reduced Debt Service Allowance (page 13) Prior approval required.

General Complete this section only if Section 651.035(4)(b), F.S., is applicable and the Office approval is given.

51. - 55. Enter the approval date on line 51 and the form will calculate lines 52 - 55.

SCHEDULE VI - Minimum Liquid Reserve Required (page 13) To be completed by all providers.

56B. Enter the amount the Office has waived pursuant to 651.035(5), F.S.

57. - 59. These lines show the facility's MLR requirement by component and the total MLR requirement.

IF YOU ARE OPERATING UNDER AN APPROVED FUNDING PLAN, ATTACH A SEPARATE CALCULATION OF HOW MUCH IS ACTUALLY REQUIRED PER YOUR PLAN AND NOTE THE DATE THE OFFICE APPROVAL WAS GIVEN FOR THE PLAN.

INSTRUCTIONS FOR COMPLETION OF THE MINIMUM LIQUID RESERVE FORM

<u>Item</u>	<u>Comment</u>
60. - 61.	Please complete lines 60 if your trust indenture(s) allows for payment of property insurance. Enter in rows (A) through (C) the amount of property insurance expenses for the last three fiscal years. The average of those expenses in row (D) will be automatically computed. Complete one row for each fiscal year completed with (A) being the most recent, (B) the next most recent, and (c) the oldest. For a facility open less than three years, enter as many years as data is available or from the feasibility study if open less than 12 months.

SCHEDULE VII - Debt Service Reserve Verification (page 14) Complete only if applicable.

General	This schedule is to assure compliance with the requirements of Section 651.035(2)(b), F.S., identify allowable debt service reserves, and review balance allowances or deficits toward MLR compliance.
66. - 67.	Columns 66 and 67 will be pre-populated with the description of each debt when you marked the box next to line 42.
69.	If the funding requirements of your debt service reserve change, attach the required certified statement. Enter the amounts reserved in each debt service reserve account in columns A - D. The response to this item is not to be used to seek the Office's initial approval for your reserve. Certification and approval must occur separately from your MLR calculation completion.
70.	These columns compare the debt service reserve balances to the debt service component requirements for this calculation in Columns 44, 45, 47 and Line 65 and are automatically calculated.
71.	Column 71 is automatically calculated and indicates the amount in each debt service reserve account that may be used toward a facility's MLR requirement.

SCHEDULE VIII - Use of Letter of Credit for Minimum Liquid Reserve (page 15) Prior approval required.

72. - 76.	Do not apply this provision unless the Office's approval has been given. Entering a date on line 72 will prompt the form into completing lines 73 - 75. The amount calculated on Line 75 is the minimum cash balance required in your operating reserve regardless of the letter of credit funding amount.
76.	Enter the amount along with the expiration date of the letters of credit.

INSTRUCTIONS FOR COMPLETION OF THE MINIMUM LIQUID RESERVE FORM

Item Comment

SCHEDULE IX - Escrow Accounts (page 16) To be completed by all providers.

77. - 78. Complete the requested information regarding your escrow agent and contact people.

SCHEDULE X - Signature (page 17) To be completed by all providers.

General Attest the calculation and representations on the MLR form. The intent is to receive at least two signatures from **two** different individuals. Therefore, if one person falls in both required categories, please go to the next available principle person.

**MINIMUM LIQUID RESERVE (MLR) CALCULATION
SCHEDULE I
GENERAL INFORMATION**

For the MLR fiscal year beginning _____ and ending _____
(The year after the currently ending fiscal year or see instructions)

For the MLR funding year beginning _____ and ending _____
(The year's time beginning 61 days after annual report due date or see instructions)

1. Facility Number: _____

2. Name and Address of Facility: _____

Facility Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

3. Name and Address of Provider: _____

Provider Name: _____

Street Address: _____

City: _____ State/Prov: _____ Zip/Postal: _____

4. Provider's Federal ID Number: _____

5. Provider's Fiscal Year End: _____

6. A. Has Provider's fiscal year end changed in the last 3 years? Check if Yes

B. If Yes, Fiscal year-ending date of short/long fiscal year. _____

C. If Yes, Number of months in short/long fiscal year. _____

7. Provider received original licenses pursuant to the provisions of Chapter 651, F.S., on:

(PCOA): _____ (COA): _____

8. Name, address, title, fax, and telephone number of the person designated as a contact person regarding this form and email option:

Contact Name: _____

Title: _____

Street Address: _____

City: _____ State/Prov: _____ Zip/Postal: _____

Phone: _____ Ext: _____ Fax: _____

Please indicate whether or not you wish to have clarifications and communications regarding this calculation sent to you by internet and if so, what email address they should be sent to:

Check if Yes Email Address: _____

9. A. Furnish the following information regarding continuing care at this facility at the end of the most recent fiscal year (see instructions if new operation):

Number of continuing care and continuing care at-home residents:

_____ (Double occupancy pursuant to one agreement constitutes two residents.)

- B. Furnish the following information regarding care other than continuing care, at this facility at the end of the most recent fiscal year -- This must include all residents other than continuing care. For example: rental and community patients (see instructions for new operations):

Number of residents other than continuing care and continuing care at-home residents:

_____ (Double occupancy pursuant to one agreement constitutes two residents.)

10. Furnish the following information related to insurance expenses in the calendar year of 1999 and your most recent fiscal year-end. Attach documentation of premiums paid for Lines A and E unless attached and submitted with a prior MLR calculation:

A. Liability insurance premiums for 1999: _____

B. Other non-facility insurance premiums for 1999 except liability: _____

Non-Facility Insurance Expenses For The MLR Reported Years

		C. Liability Insurance Expenses	D. Other Non-Facility Insurance Expenses Except Liability
20	(A)	_____	_____
20	(B)	_____	_____
20	(C)	_____	_____
Average	(D)	_____	_____

**SCHEDULE II
OPERATING EXPENSES FROM THE STATEMENT OF OPERATIONS**

		11.	12. Deduct the following expenses:				13.		14.	15.
		Enter the Total Expenses (Annual Report - Page 16, Line 21)	A. Interest (A/R Pg 16, Ln 11a)	B. Tax (A/R Pg 16, Ln 17a)	C. Amortization (A/R Pg 16, Ln 19)	D. Depreciation (A/R Pg 16, Ln 20)	A. Changes in obligation to provide future services*	B. Extraordinary Expenses*	Extra Insurance Expenses* (Column 10C - Line 10A)	Net Operating Expenses
20	(A)									
20	(B)									
20	(C)									
Average	(D)									

* See instructions for requirements if numbers are to be entered in this category.

Has the facility been in business for 12 months or more? Yes No

Is the physical plant owned by the provider? Yes No

If the facility has operated **less than 12 months**, the annual operating reserve is calculated below:

$$(16) \times (.30) \times (18) / (19) = (20)$$

- 16. Net Operating Expenses (Line 15D)
- 17. Operating Reserve Factor (.30)
- 18. CCRC Residents (Line 9A)
- 19. Total Residents (Lines 9A + 9B)
- 20. Total Operating Reserve

CALCULATION: _____ X .30 X _____ / _____ = _____

If the facility has operated for **12 or more months**, the annual operating reserve is calculated below:

$$(21) \times (.15) \times (23) / (24) = (25)$$

- 21. Net Operating Expenses (Line 15D)
- 22. Operating Reserve Factor (.15)
- 23. CCRC Residents (Line 9A)
- 24. Total Residents (Lines 9A + 9B)
- 25. Total Operating Reserve

CALCULATION: _____ X .15 X _____ / _____ = _____

**SCHEDULE III
RENEWAL AND REPLACEMENT RESERVE (RRR)**

If the facility has been in operation **12 or more months and is owned by the provider**, the RRR is calculated as follows:

$$(26) \times (.15) \times (28) / (29) = (30)$$

- 26. Total Accumulated Depreciation on plant, property and equipment of the facility as reported on the most recent **audited financial statement.**
- 27. RRR Factor (.15)
- 28. CCRC Residents (Line 9A)
- 29. Total Residents (Lines 9A + 9B)
- 30. Total Depreciation RRR

CALCULATION: _____ X .15 X _____ / _____ = _____

Statutes limit the renewal and replacement reserve to 15% of a 3-year average of net operating expenses and is calculated as follows:

$$(31) \times (.15) \times (33) / (34) = (35)$$

- 31. Net Operating Expenses (Line 15D)
- 32. Reserve Limiting Factor (.15)
- 33. CCRC Residents (Line 9A)
- 34. Total Residents (Lines 9A + 9B)
- 35. RRR Limit

CALCULATION: _____ X .15 X _____ / _____ = _____

36. The Lesser of Lines (30) or (35) _____ This Is Your RRR Requirement.

This section is calculated only if the facility has been in operation more than 12 months, is operated by but is NOT owned by the provider, and the facility's accumulated depreciation is NOT included on the providers books, the RRR limit is calculated as follows:

$$(37) \times (.15) \times (39) / (40) = (41)$$

- 37. Net Operating Expenses (Line 15D)
- 38. Reserve Limiting Factor (.15)
- 39. CCRC Residents (Line 9A)
- 40. Total Residents (Lines 9A + 9B)
- 41. Total Renewal and Replacement Limit

CALCULATION: _____ X .15 X _____ / _____ = _____

**SCHEDULE IV
ANNUAL DEBT RESERVE**

Please complete a separate line for each long-term debt on the facility and/or lease payment due. Entries should reflect actual or expected debt service expenses applicable to the fiscal year [indicated on page 8] for which the minimum liquid reserve is calculated. Please note that if a facility has a debt service reserve account that reserves for only one series of a bond issue, then a separate line must be completed for each series of the bond issue that has a separate debt service reserve associated with it.

	42.	43.	44.	45.	46.	47.	48.	49.
Include this debt in Sched VII?	Description of Debt	Date of Financing Agreement	Principal Payments Due	Interest Payments Due	Subtotal Debt Service (44 + 45)	Tax Payment Reserve	Leasehold Payments Due	Total Annual Debt Service (46 + 47 + 48)
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
	50. Total Sum of Line 49:							

**SCHEDULE V
REDUCED DEBT SERVICE ALLOWANCE**

Complete only if permanently not selling CCRC contracts and approved upon submitting proper request to the Office, pursuant to 651.035(4)(B), F.S.

51. Date of Office's Approval: _____

The Annual Debt Service is calculated as follows:

$(52) \times (53) / (54) = (55)$

52. Subtotal Debt Service (Line 50)

53. CCRC Residents (Line 9A)

54. Total Residents (Lines 9A + 9B)

55. Adjusted Total Debt Service

CALCULATION: _____ X _____ / _____ = _____

**SCHEDULE VI
MINIMUM LIQUID RESERVE REQUIRED**

The operating reserve and replacement reserve calculated in Schedule VI must be maintained in a separate escrow account from funds maintained pursuant to the annual debt service provisions of 651.035(2)(b), F.S., unless the exception outlined in 651.035(2)(c), F.S., applies.

56A. Total Annual Debt Service from Schedule IV, Line 50. or, if applicable, from Schedule V, Line 55 _____

56B. Excluded amount pursuant to 651.035(5), F.S. _____

57. Total Operating Reserve from Schedule II _____

58. Total Renewal and Replacement Reserve from Schedule III _____

59. **Total Minimum Liquid Reserve Requirement**
(Lines 56A - 56B + 57 + 58) * _____

***Note: If 651.035(6), F.S., is applicable, show the final calculation of the total minimum liquid reserve requirement based on the funding plan and note the date the funding plan was approved by the office.**

**SCHEDULE VII
DEBT SERVICE RESERVE VERIFICATION**

Complete only if you are required by a financing agreement (i.e. bonds, trust indenture, mortgage agreement, etc.) to reserve additional funds in escrow (traditionally known as a debt service reserve) for only principle and interest, and which may include taxes and insurance and want that reserve to apply toward your MLR compliance. A reserve may be used to fulfill that portion of the debt service reserve calculation (Schedule IV) of the MLR only if you have submitted all required documentation pursuant to Section 651.019, F.S., received the office's approval and complied with Section 651.035(2)(b), F.S. complete a separate line of this schedule for each approved reserve.

If your trust indenture allows for payment of property taxes, please enter the last three years of property insurance expense with the most recent year first.

		60. Property Insurance Expense
20	(A)	_____
20	(B)	_____
20	(C)	_____
Average	(D)	_____

The Property Insurance Reserve is calculated as follows:

$$(61) \times (62) \times (63) / (64) = (65)$$

- 61. Average Property Insurance Expense (Line 60D)
- 62. Reserve Limiting Factor (.15 if facility has been in business 12 months or more OR .30 if less than 12 months)
- 63. CCRC Residents (Line 9A)
- 64. Total Residents (Lines 9A + 9B)
- 65. Total Property Insurance Reserve

CALCULATION: _____ X _____ X _____ / _____ = _____

66.	67.	68.	69. See Description Below *				70.				71.
Description of Debt	Date of Financing Agreement	Date of Financing Agreement Sent to OIR	(A) Enter Principle Reserve Balance	(B) Enter Interest Reserve Balance	(C) Enter Tax Reserve Balance	(D) Enter Insurance Reserve Balance	(A) Lesser of Column 44 or Column 69A	(B) Lesser of Column 45 or Column 69B	(C) Lesser of Column 47 or Column 69C	(D) Lesser of Line 65 or Column 69D	Total Lender's Debt Service Reserve Allowable Pursuant to Section 651.035(2)(b), F.S. (70A+70B+70C+70D)

* (69) Attach a statement **CERTIFIED BY THE PROVIDER AND THE LENDER OR TRUSTEE** pursuant to Section 651.035(2)(b), F.S., that attests that the reserve shall only be used for principal and interest and which may include taxes and insurance, and documents the required amounts to be held in the debt service reserve 61 days after the due date of this calculation if different from the prior year. Then enter the amounts required above. If the lender's requirement is the same as prior year(s), include the certified amounts previously submitted above.

Note: Debt service reserve balances held by lenders above allowable amounts (column 71), cannot be applied toward your MLR requirement. Debt service shortages must be offset by operating or renewal and replacement reserve excess balances.

**SCHEDULE VIII
USE OF LETTER OF CREDIT FOR
MINIMUM LIQUID RESERVE**

Complete only if a letter of credit approved pursuant to Section 651.035(7), F.S., and the Office, is used to satisfy part of the minimum liquid reserve requirement.

72. The Date of Approval accepting the Letter of Credit: _____

The Required Operating Cash Reserve is calculated as follows:

$(73) \times (.167) = (75)$

73. Total Net Operating Expenses (Line 15D)

74. 2 months / 12 months (.167)

75. Required Operating Cash Reserve

CALCULATION: _____ X .167 = _____

76. Enter the Amount and Expiration Date of the Letter of Credit
Amount: _____ Date: _____

Amount: _____ Date: _____

Amount: _____ Date: _____

NOTE: The letter of credit operating cash reserve must be on deposit in an unencumbered MLR escrow account regardless of the letter of credit amount pursuant to Section 651.035(7)(d), F.S. The operating cash reserve cannot be pledged or used as collateral to secure the letter of credit. If the letter of credit expires and does not include automatic renewal language or reprices each year upon recalculation of your MLR, you must submit the original irrevocable letter of credit to and in favor of the Office prior to the funding year (61 days after annual report is due).

**SCHEDULE IX
ESCROW ACCOUNTS**

FURNISH THE FOLLOWING INFORMATION:

77. The escrow agent name, address, contact name, title, phone number, and fax number of the escrow agent(s) who has custody of the MINIMUM LIQUID RESERVE escrowed funds, or any funds used to satisfy MINIMUM LIQUID RESERVE requirements.

Escrow Agent	Street Address	City	State/ Prov.	Zip/Postal Code	Contact Name	Title	Phone #	Fax #

78. Provide the name of the lender or trustee, the account number or account numbers and identify each account established for all funds held in escrow pursuant to Section 651.035, F.S. Furnish the unique identifier assigned by the Office to the escrow agreement, the balance as of the fiscal year end with which the calculation is being filed and that date. If the calculation is an initial one, enter the amount and projected funding date that will be transferred into escrow:

Financial Institution or Bank Name	Account Number	Escrow Agreement Unique Identifier	Balance	As Of

SCHEDULE X SIGNATURE

This form to be completed by all providers. A minimum of two (2) signatures from different individuals are required. See instructions section for specifics.

As an insurer licensed to transact business in the state of Florida, I am familiar with the laws of Florida relating to continuing care contracts and do hereby certify under penalty of filing false or misleading documents pursuant to 817.2341, FS, or 837.06, FS, that the information reported above is a full and true reporting of the requested information. This report is submitted for compliance with Chapter 651, FS.

Print this page

<p>_____ (Typed Name)</p> <p>_____ (Signature)</p> <p>_____ (Title)</p> <p>Subscribed and sworn to before me</p> <p>This ____ day of _____, 20__</p> <p>Notary Public: _____ Commission Number: _____</p> <p>Expiration Date: _____</p> <p><input type="checkbox"/> Personally Known or <input type="checkbox"/> Produced Identification</p> <p>_____ (Type of Identification Produced)</p>	<p>_____ (Typed Name)</p> <p>_____ (Signature)</p> <p>_____ (Title)</p> <p>Subscribed and sworn to before me</p> <p>This ____ day of _____, 20__</p> <p>Notary Public: _____ Commission Number: _____</p> <p>Expiration Date: _____</p> <p><input type="checkbox"/> Personally Known or <input type="checkbox"/> Produced Identification</p> <p>_____ (Type of Identification Produced)</p>	<p>_____ (Typed Name)</p> <p>_____ (Signature)</p> <p>_____ (Title)</p> <p>Subscribed and sworn to before me</p> <p>This ____ day of _____, 20__</p> <p>Notary Public: _____ Commission Number: _____</p> <p>Expiration Date: _____</p> <p><input type="checkbox"/> Personally Known or <input type="checkbox"/> Produced Identification</p> <p>_____ (Type of Identification Produced)</p>
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SAVE/SUBMIT PAGE

Save - Use this button to save your data to our server. **It is strongly recommended that you save your data periodically as you fill in this form.** You can still save your data even if you have validation errors appear below.

Submit Final - Use this button if you have entered all the required information and want to submit this data to our server. If you have validation errors, they must be corrected before being able to submit the form data. **Once you successfully submit the form data, you can no longer make changes.**

The session key will expire on:

Eastern Time

Save

Submit Final