

**Office of Insurance Regulation**  
*Specialty Product Administration*

**FLORIDA COMPANY  
CODE:**

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**FEDERAL EMPLOYER  
IDENTIFICATION NUMBER:**

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**PERIODIC FINANCIAL REPORT  
FOR**

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(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**

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**GENERAL INFORMATION AND INSTRUCTIONS**

1. Financial statements must be prepared in accordance with generally accepted accounting principles and as prescribed in the Florida Statutes.
2. The Balance Sheet, Statement of Operations and the Statement of Cash flows must be prepared based on year-end amounts.
3. All terms used in this report will have their general meaning except where specific statutory language applies under the applicable provisions of the Florida Insurance Code.
4. This form is submitted electronically. Adobe Reader version 7.0.5 or higher is required. If you do not have that version, please upgrade at <http://www.adobe.com> prior to downloading any forms.
5. When you downloaded this report, 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

6. To assist you in completing this form click both "Highlight Fields" and "Highlight Required Fields" in the upper right hand corner of the report page. This will highlight the fields where you may enter data.
7. The report form will calculate all totals and pre-populate fields based upon your responses. Data cannot be entered into the total and pre-populated fields.
8. Please enter all numeric fields with numbers only (no commas, dashes, dollar signs, etc.). Unanswered questions and blank lines on schedules will not be accepted. If no answers or entries are to be made, enter "0" on all lines asking for a numeric response and "None" or "N/A" on all lines requesting a non-numeric response. Additionally, certain Schedules and Exhibits provide the option "Check if N/A" if the information requested is not applicable to your company.
9. Line descriptions may not be altered or added. When in doubt where to place an item, show the item in an appropriate "Other" line and include a supplemental schedule describing the items listed in the "Other" category. Any item which is of an extraordinary nature should also be entered on an appropriate "Other" line.
10. "Save" or "Submit" buttons are provided on the last page of this report. Hit the ALT+s keys to go to the last page. By clicking the Save button, all data entered on the form will be saved to our website. **It is strongly recommended that you save your data periodically as you fill in this form.** You will receive a confirmation message once the data is successfully saved.
11. When you either save or submit the form, all data is checked for completeness; you will be notified if errors have occurred. When submitting data, you will be asked to correct these validation errors. Once the form is successfully submitted, the form becomes read-only. **To update information after submission, an amended form must be filed through REFS.**
12. If additional explanations, supporting statements or schedules are added or are necessary, the additions should be properly cross-referenced to the item being answered. This additional information should be in electronic format (i.e. Word, Excel, PDF, etc) or, if in paper format, scanned in as a PDF, and should be attached and uploaded to the filing as a Miscellaneous Document through REFS.
13. When you have completed a form and selected "Submit Final," your report form is uploaded as a "Completed" document to your Component List; this does not submit the report to the Office of Insurance Regulation. Upon completion of all required items, the "Begin Submission Process" button (bottom right of the screen) will activate. You must select and complete the "Begin Submission Process" to successfully submit your entire filing to OIR.
14. Please print, sign, notarize and upload a PDF version of the Jurat/Attestation Page (see next page) under the corresponding component in REFS. If you do not have a component so named, please upload a signed PDF under the Miscellaneous Documents component.

**ATTESTATION**

Please see the Instructions Page OR you may notarize this form electronically by entering the Notary Public, Commission Number and Expiration Date on the form prior to submitting.

**NOTE: ATTESTATIONS SUBMITTED MANUALLY MUST HAVE ORIGINAL SIGNATURES. COPIES ARE NOT ACCEPTABLE.**

- I. Regardless of the form of the organization, this report **must** be attested to by the Facility Administrator or Executive Director **AND** one of the following:
  - A. If you are an individual, the report must be attested to by you.
  - B. If the organization is a corporation, the report must be attested to by one of its corporate officers.
  - C. If the organization is a partnership or unincorporated association, the report must be attested to by the managing general partner.
  - D. If the organization is a trust, the report must be attested to by all trustees and officers.
  
- II. 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 provided herein 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 _____ 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 _____ 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 _____ 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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**SECTION III  
UNIT ANALYSIS**

Do not include units *permanently* utilized as something other than the categories below.

	(A) Currently Sold or Rented	(B) Unsold and Available to Market	(C) Unsold and Unavailable to Market or Reserved	(D) Total (A+B+C)
<b>Continuing Care Units</b>				
1. Independent Living Units	_____	_____	_____	_____
2. Assisted Living Units	_____	_____	_____	_____
3. Total Continuing Care Units	_____	_____	_____	_____
<b>Rental Units</b>				
4. Rental Units	_____	_____	_____	_____
<b>Skilled Nursing Units</b>				
5. Community Beds	_____	_____	_____	_____
6. Sheltered Beds	_____	_____	_____	_____
7. Total Skilled Nursing Units	_____	_____	_____	_____
<b>* Other Continuing Care Contracts</b>				
8. Independent Living	_____	_____	_____	_____
9. Assisted Living	_____	_____	_____	_____
10. Skilled Nursing	_____	_____	_____	_____
11. Total Other Continuing Care Contracts	_____	_____	_____	_____

\* Continuing care and continuing care at-home contract holders residing at the location not operated by the provider.

Company Name:

Period Ending:

**BALANCE SHEET  
ASSETS**

<b>CURRENT ASSETS</b>	
1. Cash	_____
2. Short-Term Investments with Maturity of 12 Months or Less	_____
3. Accounts Receivable	_____
4. Prepaid Expenses	_____
5. Excess of MINIMUM LIQUID RESERVE funds	_____
6. Other	_____
<b>7. TOTAL CURRENT ASSETS</b>	_____
<b>NON-CURRENT ASSETS</b>	
8. Restricted Assets whose use is limited:	
a. Required Minimum Liquid Reserve	_____
b. Other	_____
9. Property, Plant and Equipment	_____
a. Less Accumulated Depreciation	( _____ )
10. Long-Term Investments	_____
11. Other	_____
<b>12. TOTAL NON-CURRENT ASSETS</b>	_____
<b>13. TOTAL ASSETS</b>	_____

**BALANCE SHEET (continued)  
LIABILITIES**

<b>CURRENT LIABILITIES</b>	
14. Accounts Payable	_____
15. Accrued Expenses	_____
16. Accrued Interest	_____
17. Refunds Payable	_____
18. Current Portion of Long-Term Debt:	
a. On Facility	_____
b. Other	_____
19. Current Portion of Notes Payable	_____
20. Other	_____
<b>21. TOTAL CURRENT LIABILITIES</b>	_____
<b>NON-CURRENT LIABILITIES</b>	
22. Unearned Entrance Fees	_____
23. Long-Term Debt:	
a. On Facility	_____
b. Other	_____
24. Notes Payable	_____
25. Other	_____
<b>26. TOTAL NON-CURRENT LIABILITIES</b>	_____
<b>27. TOTAL LIABILITIES</b>	_____
<b>FUND BALANCE</b>	
28. Beginning Fund Balance	_____
29. Excess / Deficit (Should equal Line 22, Page 7)	_____
30. Other Contributions or Adjustments	_____
<b>31. TOTAL FUND BALANCE</b>	_____
<b>32. TOTAL LIABILITIES AND FUND BALANCE</b>	_____

**STATEMENT OF OPERATIONS**

REVENUES	
1. Earned Entrance Fees	_____
2. Health Care Center (Gross)	_____
3. Monthly Maintenance Fees	_____
4. Rental Revenues	_____
5. Other Income (Gross)	_____
<b>6. TOTAL REVENUES</b>	_____
EXPENSES	
7. Wages and Benefits	_____
8. Food Service	_____
9. Housekeeping	_____
10. Insurance:	
a. On Facility	_____
b. Other	_____
11. Interest:	
a. Long-Term Debt on Facility	_____
b. Other	_____
12. Leasehold Payments	_____
13. Maintenance	_____
14. Management Fees	_____
15. Marketing	_____
16. Medical Care	_____
17. Taxes:	
a. Property	_____
b. Other	_____
18. Other Expenses	_____
19. Amortization	_____
20. Depreciation	_____
<b>21. TOTAL EXPENSES</b>	_____
<b>22. EXCESS / (DEFICIT)</b>	_____

**STATEMENT OF CASH FLOWS**

<b>A. OPERATING ACTIVITIES</b>	
1. Net Income (From Line 22, Page 7, Statement of Operations)	_____
2. Adjustments to reconcile Net Income to Net Cash provided by operations:	
a. Gross Entrance Fees Received	_____
b. Refunds Paid	( _____ )
c. Earned Entrance Fees	( _____ )
d. _____	_____
e. _____	_____
f. _____	_____
g. _____	_____
h. _____	_____
i. _____	_____
j. _____	_____
k. _____	_____
l. Total Operations Adjustments (Sum of Line 2(a) - Line 2(k))	_____
3. Total Operating Adjustments (Sum of Line 1 and Line 2(l))	_____
<b>B. INVESTING ACTIVITIES</b>	
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. Total Investing Activities	_____
<b>C. FINANCING ACTIVITIES</b>	
1. Total Gross Debt Principal Paid	( _____ )
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. Total Financing Activities	_____
<b>D. Increase (Decrease) in Cash (Sum of A.3. &amp; B.5. &amp; C.6.)</b>	_____
<b>E. Cash at Beginning of Period (Must agree with prior year's ending cash)</b>	_____
<b>F. Cash at End of Period (Sum of D &amp; E. Must agree to Line 1, Page 5)</b>	_____

Company Name:

Period Ending:

## 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