



MISSOURI DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
INSTRUCTIONS FOR LIFE CARE PROVIDER APPLICATION

Enclosed is the registration form for a life care provider. No provider shall engage in the business of providing continuing care in this state without a certificate of authority therefor obtained from the department as provided in Sections 376.900 to 376.950, RSMo.

A registration fee of seventy-five dollars (\$75) must accompany the application.

Pursuant to the provisions of Section 376.915, RSMo, the application for renewal shall be accompanied by an annual statement and a narrative describing material differences between the pro forma income statement filed in response to Section 376.920, RSMo as part of the most immediately preceding application for a Certificate of Authority or Annual Statement and the actual results of operations during the fiscal year, together with the revised pro forma income statements being filed as part of the current annual statement.

The application for a certificate of authority shall be signed under oath by the chief executive officer of the applicant.

Copies of the escrow agreements executed with an escrow agent pursuant to sections 376.940 and 376.945, RSMo, shall be recorded as exhibits to the application for a Certificate of Authority.

Questions regarding this application or the regulation of life care contracts may be directed either by telephone to the Company Regulation Section of the Missouri Department of Insurance, Financial Institutions and Professional Registration at (573) 526-5001 or (573) 751-4362 or in writing to Life Care Regulation, Missouri Department of Insurance, Financial Institutions and Professional Registration, P.O. Box 690, Jefferson City, MO 65102.



MISSOURI DEPARTMENT OF INSURANCE,
 FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
LIFE CARE PROVIDER APPLICATION

NEW RENEWAL

INSTRUCTIONS

This application must be accompanied by an application fee equal to \$75. For renewals, each provider must renew annually within 90 days of the end of the provider's fiscal year or with an approved extension. **PERSONAL CHECKS NOT ACCEPTED.**

SECTION 1. PROVIDER INFORMATION

PROVIDER NAME

BUSINESS ADDRESS (STREET NUMBER AND NAME, CITY, STATE, ZIP CODE)

MAILING ADDRESS (STREET NUMBER AND NAME, CITY, STATE, ZIP CODE)

SECTION 2. ADMINISTRATOR INFORMATION

DOES THIS PROVIDER USE THE SERVICES OF AN ADMINISTRATOR?
 YES NO

ADMINISTRATOR NAME

BUSINESS ADDRESS (STREET NUMBER AND NAME, CITY, STATE, ZIP CODE)

MAILING ADDRESS (STREET NUMBER AND NAME, CITY, STATE, ZIP CODE)

SECTION 3. ATTACHMENTS

- Annual Statement as defined and required by Section 376.915, RSMo. and detailed in Sections 376.920(1)-(14), RSMo.
- Life Care Contracts required by Section 376.920, RSMo.
- Escrow Agreements required by Sections 376.940 and 376.945, RSMo.
- Financial statements as of a date not more than ninety days prior to the date of this annual statement, including a balance sheet and income statements for the three most recent fiscal years or shorter period of time the applicant shall have been in existence. If the applicant's fiscal year ended more than ninety days prior to application, there shall also be included an income statement, which need not be certified, covering the period between the end of the fiscal year and a date not more than ninety days prior to the date of application. Section 376.920(15), RSMo.

The undersigned affirms or swears that (1) the information stated in this registration and any attachments is true and correct to the best of his or her belief and knowledge, and (2) the undersigned has read and understood the legal requirements represented by this application.

PRINT NAME	SIGNATURE
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EMAIL	TELEPHONE
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NOTARY

NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS		
	DAY OF	YEAR	
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">NOTARY PUBLIC SIGNATURE</td> <td style="width: 50%; border: none;">MY COMMISSION EXPIRES</td> </tr> </table>		NOTARY PUBLIC SIGNATURE
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES		
USE RUBBER STAMP IN CLEAR AREA BELOW.			
NOTARY PUBLIC NAME (TYPED OR PRINTED)			