



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
LIFE CARE PROVIDER APPLICATION

Email Application to: dci.ins.deposit@insurance.mo.gov

Mail: Missouri Department Of Commerce And Insurance

PO Box 4001

Jefferson City, MO 65102

Questions: regulatory.services@dci.mo.gov

☐ NEW ☐ RENEWAL

INSTRUCTIONS

This application must be accompanied by a \$75 application fee. For renewals, each provider must renew annually within 90 days of the end of the provider's fiscal year or with an approved extension.

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

EMAIL

TELEPHONE

NOTARY

NOTARY PUBLIC EMBOSSER OR
BLACK INK RUBBER STAMP SEAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

USE RUBBER STAMP IN CLEAR AREA BELOW.

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)