

FINANCIAL REPORT FOR EMPLOYMENT SERVICES

- 1. Name (same as on application): _____
 - 2. Application Number: _____
 - 3. Address: _____
 - 4. Period covered by application: _____
 - 5. Will financial records be audited for period covered by this report? Yes No
 - 6. Name of Audit Firm: _____
 - 7. Address: _____ Phone No. (____) _____
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- 1. Period Covered: _____
- 2. Cash on hand and in the bank – Beginning: _____
- 3. Cash flows from operating activities: _____
- 4. Net Income: _____
- 5. Adjustments to reconcile net income to net cash provided by operating activities: _____
- 6. Net income of operations transferred: _____
- 7. Provision for losses and benefits: _____
- 8. Depreciation, amortization and other: _____
- 9. Changes in operating assets and liabilities: _____
- 10. Accounts receivable and accrued interest: _____
- 11. Deferred income taxes: _____
- 12. Other assets and deferred policy acquisition costs: _____
- 13. Accounts payable and other liabilities: _____
- 14. Insurance reserves: _____
- 15. Net cash provided by operating system: _____

I CERTIFY THIS FINANCIAL STATEMENT TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Title: _____

Date Submitted: _____