

WORKERS' COMPENSATION SELF-INSURANCE

Annual Financial Statement

Date _____

ASSETS	LIABILITIES
Cash	Accounts Payable
Accounts Receivable	Notes Payable
Notes Receivable	Realty Encumbrances
Inventory	Mortgages
Real Estate	Bonds
Machinery	Capital Stock
Motor Vehicles	Surplus
Furniture and Fixtures	TOTAL
Patent Rights, Trademarks, Copyrights	
Goodwill	
TOTAL	

Classifications Of Operations	Code No.	No. of Employees	Reporting Period Payroll	Next Year's Estimated Payroll
Total				

Self-Insurer _____

Signed _____

Title _____