



Iowa Insurance Division
Regulated Industries Unit
1963 Bell Avenue, Suite 100
Des Moines, IA 50315-1000

For Calendar Year

Check one:

Initial Registration (\$100.00 Fee)

Renewal Registration (\$100.00 Fee)

Legal Name of Retirement Facility _____

d/b/a _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address of Iowa Facility _____ City _____ State _____ Zip _____
(List additional facilities below)

Employer Identification Number (FEIN) _____ Business Telephone Number _____ Business Fax Number _____

Business Email Address _____

Is this a Life Care Community? Yes No

By filing this form you are attesting that according to your best knowledge and belief, the facility administered is in compliance with the provisions of Iowa Code Chapter 523D, including rules adopted by the Iowa Insurance Commissioner as authorized under this chapter.

Name of Person Attesting may be one of the following: _____
Corporate President or CEO, General Partner of a LP or LLP, Manager of a LLC, or a person acting in a fiduciary capacity or as a trustee on behalf of a provider

Contact Person for Registration Issues _____

Contact Person Email Address _____

Please upload copies of the disclosure statement and contract through the SBS Solar System.