

Financial Summary for Self-Insured Operators

U.S. Department of Labor

Office of Workers' Compensation Programs
Division of Coal Mine Workers' Compensation
www.dol.gov/owcp/dcmwc/index.htm



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You must use this form to report the consolidated financial information set out below. OWCP will use this information to determine whether you should be authorized (or continue to be authorized) to self-insure your liabilities under the Black Lung Benefits Act, 30 USC 901-944. All initial and renewal applicants for self-insurance authority must submit the required information with their application. All operators *currently* authorized to self-insure must likewise submit the required information on a schedule established by OWCP. Furnishing the information is required in order to obtain or retain authorization to self-insure under the Black Lung Benefits Act. 30 USC 933(a)(1); 20 CFR 726.102, 726.112.

Parent company's name, address, and FEIN

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

FEIN:

Reporting Period: _____ Date of this report: _____

Cash	1	Cash and equivalents (excluding restricted amounts)		\$
Debt	2a	Short-term borrowings		
	b	Current portion of long-term debt		
	c	Non-current portion of long-term debt		
	d	Current portion of capital lease obligations		
	e	Non-current portion of capital lease obligations		
	f	Other debt not reported above (e.g. notes payable)		
	g	Total debt (add lines 2a through 2f)		
Income/ Cash Flow	3	LTM Revenues		
	4	LTM Net income (enter a positive number for income or a negative number for loss)		
	5a	LTM Interest expense (enter a positive number for expense)		
	b	LTM Interest income (enter a negative number for income)	-	
	c	Total LTM net interest expense (add lines 5a and 5b)		\$
	6	LTM Net income tax expense		
	7	LTM Depreciation, depletion, and amortization		
	8	LTM Non-operating income (enter a positive number for income or a negative number for loss/expense)		
	9	LTM Earnings from discontinued operations (enter a positive number for earnings or a negative number for loss/expense)		
	10	LTM Capital expenditures		

Public Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to an information collection unless such collection displays a valid OMB control number. We estimate that it will take an average 20 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the necessary data, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection process, including suggestions for reducing this burden, to the U.S. Department of Labor, 200 Constitution Avenue, NW, Suite C3520-DCMWC, Washington, D.C. 20210 and reference the OMB Control Number.

Please contact OWCP's Division of Coal Mine Workers' Compensation Responsible Operator Section at (202) 693-0046 should you have any questions regarding this form.

INSTRUCTIONS

Completion: Information stated on this form must be taken from the parent company's current consolidated financial statements.

Please report amounts to the nearest whole dollar.

- Line 1: Report total cash on hand and cash equivalents. Exclude any restricted amounts.
- Line 2: Report debt by the following categories:
- a Short-term borrowings
 - b Current portion of long-term debt
 - c Non-current portion of long-term debt
 - d Current portion of capital lease obligations
 - e Non-current portion of capital lease obligations
 - f Other debt not reported above (e.g. notes payable)
 - g Add lines 2a through 2f and enter total on this line.
- Lines 3 - 10: "LTM" means Last Twelve Months. Thus, figures in these lines should reflect totals for the twelve months prior to filing this report.
- Line 3: Report revenues for the last twelve months.
- Line 4: Report net income for the last twelve months. **Note:** Enter a positive number for income or a negative number for loss.
- Line 5: Report interest in the following categories:
- a Interest expense for the last twelve months. **Note:** Enter a positive number for expense
 - b Interest income for the last twelve months. **Note:** Enter a negative number for income
 - c Add lines 5a and 5b and enter the total on this line
- Line 6: Report net income tax expense over the last twelve months.
- Line 7: Report depreciation, depletion, and amortization over the last twelve months.
- Line 8: Report non-operating income for the last twelve months. **Note:** Enter a positive number for income or a negative number for loss/expense.
- Line 9: Report earnings from discontinued operations for the last twelve months. **Note:** Enter a positive number for earnings or a negative number for loss/expense.
- Line 10: Report capital expenditures over the last twelve months.

Submission: You may submit this form by e-mail (in .pdf format) or by postal mail to:

E-mail RO.SELFINSURANCE@DOL.GOV

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