

TEXAS DEPARTMENT OF INSURANCE

MC 106-1G, P.O. Box 149104

Austin, TX 78714-9104

CONTINUING CARE RETIREMENT COMMUNITY (CCRC)

Notice by Provider of Re-payment of Previously Released Funds to the Reserve Fund Escrow Account

Amounts previously released to the provider under §246.078, Health and Safety Code and not repaid.

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Date of releases:

\_\_\_\_\_

Amount repaid: \$ \_\_\_\_\_ Date repaid: \_\_\_\_\_

Unpaid amount outstanding: \$ \_\_\_\_\_

Signed: \_\_\_\_\_  
(Provider)

Date: \_\_\_\_\_

**Attach Affidavit of Receipt of Funds Executed By Escrow Agent**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Seal's

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Notary's Printed Name

My commission expires:\_\_\_\_\_.