



STATE OF ARKANSAS
DEPARTMENT OF INSURANCE

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Phone: 501-371-2681 or 800-282-9134; Fax: 501-371-2747
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E-mail: rick.toland@arkansas.gov

ACT 372 OF 1997
PREPAID FUNERAL BENEFITS LICENSEE
QUARTERLY CONTRACT FEE REPORT FORM

Company Name: _____

From: April 1, 2011 To: June 30, 2011

Instructions: This form and the Prepaid Funeral Benefits Contract fees enclosed must be received at the Arkansas Insurance Department, Prepaid Funeral Benefits Division, within forty-five (45) days after each quarter. The specific dates are, MAY 15, AUGUST 15, NOVEMBER 15, and FEBRUARY 15. The prepaid funeral benefits contract fee is \$5 for each new contract entered into by the licensee (including any amendments thereto). The check or money order must be made payable to the State Insurance Department Prepaid Trust Fund.

- 1. Total Number of Prepaid Contracts Executed This Reporting Period _____
2. Total Amount of Fees Due for Execute Prepaid Funeral Contracts \$ _____

AFFIDAVIT

I, the undersigned, do hereby swear or affirm under penalty of perjury that the information submitted above is true and accurate to the best of my knowledge.

NAME

TITLE

DATE

STATE OF ARKANSAS
COUNTY OF _____

Subscribed to and sworn or affirmed before me on this _____ day of _____, 2011

NOTARY PUBLIC

MY COMMISSION EXPIRES: