



STATE OF ARKANSAS
DEPARTMENT OF INSURANCE

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Web site: www.arkansas.gov/insurance
E-mail: rick.toland@arkansas.gov

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

Company Name: _____

From: October 1, 2009 To: December 31, 2009

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 _____, 2010.

NOTARY PUBLIC _____

MY COMMISSION EXPIRES: _____