



**STATE OF ARKANSAS
DEPARTMENT OF INSURANCE**

1200 West Third Street; Little Rock, AR 72201-1904
Phone: 501-371-2681 or 800-282-9134; Fax: 501-371-2747

Web site: www.arkansas.gov/insurance

E-mail: rick.toland@arkansas.gov

**ANNUAL REPORT OF ANNUITY FUNDED
PREPAID FUNERAL CONTRACTS
January 1, 2009 through December 31, 2009**

THIS ANNUAL REPORT MUST BE FILED ON OR BEFORE MARCH 15, 2010

Seller: _____

Address: _____

Telephone Number: _____

Location of Books
and Records: _____

Supervisor of Books
and Records: _____ Telephone Number _____

Attached as Exhibit "A" is a list containing the contract date, contract number, contract price, assignable benefits, net contract price, the total contract proceeds collected pursuant to the annuity contract, the annuity contract number and the date the annuity contract was issued for each prepaid contract OUTSTANDING and UNFULFILLED as of December 31, 2009. **Increases in the value of the annuities are not included.**

Attached hereto is an Affidavit of the Seller affirming the status of the Annual Report and that the facts set forth therein are true and correct.



AFFIDAVIT OF SELLER

BEFORE ME, the undersigned authority, on this day personally appeared _____, an authorized representative, and _____, an authorized representative, of _____, and being by me duly sworn on oath did
(Seller)
depose and say, each for himself/herself that each of the affiant(s) has read the above and foregoing annual report and the related prepaid funeral benefits contracts of said Seller, that each knows the contents thereof, and that the facts set forth therein are known by each of the said affiant(s) to be in all things true and correct to the best of his/her (their) knowledge.

(Affiant)

(Affiant)

State of _____

County of _____

SUBSCRIBED AND AFFIRMED TO before me this _____ day of _____, 2010.

Notary Public

My Commission Expires: _____



ANNUAL REPORT FEE

Arkansas Code Annotated § 23-40-119(c) requires the payment of the following annual report fee due the Arkansas Insurance Department:

Effective on or after March 15, 1997, the annual report fee shall be based on the total amount of aggregate contracts for prepaid funeral benefits outstanding and unfulfilled as of December 31 of each year and shall be payable at the time the annual report is filed. The fee shall be based on the following schedule and shall be payable to the State Insurance Department Prepaid Trust fund:

Aggregate Amount of Outstanding Prepaid Funeral Benefits Contracts in <u>Arkansas</u>	Annual Report Fee Due State of <u>Arkansas</u>
Up to \$250,000	\$ 200
Over \$250,001 to \$500,000	\$ 250
Over \$500,001 to \$1,000,000	\$ 500
Over \$1,000,001 to \$2,500,000	\$1,000
Over \$2,500,001 to \$5,000,000	\$2,000
Over \$5,000,001 to \$10,000,000	\$3,000
Over \$10,000,001 to \$20,000,000	\$4,000
Over \$20,000,001 to \$40,000,000	\$5,000
Over \$40,000,001	\$6,000

If your organization has annuity and/or insurance funded prepaid funeral benefits contracts in addition to annuity funded contracts, please combine the aggregate contract price of ALL to determine the amount of your annual report fee.

NOTE: Please pay only the "annual report" fee when submitting this report. Please make checks payable to ARKANSAS INSURANCE DEPARTMENT PREPAID TRUST.



Insurance company(s), whether domestic or foreign, issuing the insurance policies which fund your establishment's prepaid contracts:

Name

Address

	A. Number	B. Gross Contract Sales Price	C. Proceeds Paid/Cash Surrender Value(s)
1. Active Prepaid Annuities as of December 31, 2008	_____	\$ _____	\$ _____
2. Adjustments to 2008 Annual Report*	_____	_____	_____
3. Calendar Year 2009 Sales/Receipts	_____	_____	_____
4. Calendar Year Collections, Prior Years Sales	_____	<u>Not Applicable</u>	_____
5. Calendar Year 2009 Deaths, Cancellations, Other Terminations	=====	(_____)\$	=====
6. Active Contracts as of December 31, 2009 (Add Lines 1, 2, 3, 4 and 5)	=====	\$ _____	\$ _____

7. Annuity Funded Prepaid Contract's Ultimate Amounts Due as of December 31, 2009		<u>Not Applicable</u>	\$ _____
8. Assignable Benefits Credited to Active Accounts Life Insurance, Government Benefits, Etc.)		<u>Not Applicable</u>	=====
9. Active Contract amounts, December 31, 2009 (Add Lines 6, 7 and 8)		\$ _____	\$ _____

Provide detailed explanation on additional sheet(s) if Totals of Columns 9B and 9C do not agree.

*Use This Space (or Attachment) to Explain Adjustments From Prior Years (Item 2)