



**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 CASH 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 and the total contract proceeds collected by the Seller for each prepaid funeral contract OUTSTANDING and UNFULFILLED as of December 31, 2009.

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 himself/herself 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 cash 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.

Bank, Savings/Loan Association or Brokerage Firm(s) within the State of Arkansas where the Seller's trust account is established [Ark. Code Ann. §23-40-114(b)]:

Name

Address

Account No.



CONTRACT PROCEEDS

- 1. Balance Due Trust Fund as of December 31, 2008 \$ _____
- 2. Net Contract Proceeds Additions for 2009 _____
Number of New Contracts Sold in 2009 _____
- 3. Net Contract Proceeds Deductions for 2009
(Withdrawn for Death & Cancellation Claims) (_____)
- 4. Total Contract Proceeds Due Trust Fund as of December 31, 2009 \$ _____

UNDISBURSED NET INVESTMENT INCOME

- 5. Balance Due Trust Fund as of December 31, 2008 \$ _____
- 6. Additions for 2009 _____
- 7. Net Deductions for 2009 (_____)
- 8. Undisbursed Net Investment Income Due Trust Fund
as of December 31, 2009 \$ _____

SURPLUS FUNDS

- 9. Surplus Funds due Trust Fund as of December 31, 2008 \$ _____
- 10. Additions for 2009 _____
- 11. Withdrawals for 2009 (_____)
- 12. Total Surplus Funds Due Trust Fund as of December 31, 2009 \$ _____
- 13. **TOTAL TRUST FUND LIABILITY (Line 4)** \$ _____
- 14. **TOTAL TRUST FUND ASSETS** \$ _____

NOTE: If lines 13 is less than 14, a detailed reconciliation must be attached to this report as an additional page.