



**STATE OF ARKANSAS
DEPARTMENT OF INSURANCE**

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**ANNUAL REPORT OF INSURANCE 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 issue amount of the insurance policy**, the policy number and the date the policy was issued for each prepaid contract OUTSTANDING and UNFULFILLED as of December 31, 2009. **Increases in the value of the insurance policies 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 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 insurance policy 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 |
|------|---------|
| | |
| | |
| | |
| | |
| | |

| | Number of Contracts | Amounts |
|--|------------------------|-----------|
| 1. Contract Price of Contracts Outstanding as of December 31, 2008 | _____ | \$ _____ |
| 2. Adjustments to 2008 Annual Report* | _____ | _____ |
| 3. Contract Price of All New Sales for Calendar Year 2009 | _____ | (_____) |
| 4. Contract Price of All Sales Terminated for 2009 | _____ | _____ |
| 5. Contract Price of Contracts Outstanding and Unfulfilled As of December 31, 2009 (Per Your Exhibit "A") (Add Lines 1, 2 and 3, Then Subtract Line 4) | ===== | \$ ===== |
| | | |
| 6. Life Insurance Policies in Force (Dollars) | \$ _____ | |
| 7. Ultimate (Annuity) Premiums | _____ | |
| 8. Assignable Benefits Credited to Active Accounts (Life, Insurance, Government Benefits, Etc.) | _____ | |
| 9. Total (Add Lines 6, 7 and 8) Lines 5 and 9 should equal the same amount. Provide detailed Explanation on an additional sheet(s) if Lines 9 and 5 do not agree. | | \$ ===== |

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