STATE OF ARKANSAS
DEPARTMENT OF INSURANCE
1200 West Third Street; Little Rock, AR 72201-1904
Phone: 501-371-2683 or 800-282-9134; Fax: 501-371-2747
Web site: www.insurance.arkansas.gov/finance-prepaid.htm
E-mail: michelle.fahey@arkansas.gov

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

Company Name:_____

From: **October 1, 2014** To: **December 31, 2014**

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 $10 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 _____, 2014.

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES:

_____

FORM AID FI QTRLY
Rev. 2/2014