

**ANNUAL STATEMENT B- Renewal Requirements**  
**ANNUAL STATEMENT FOR CHARITABLE ANNUITY PERMIT HOLDERS**

**Instructions:** One complete copy of this form (Annual Statement B) including exhibits and all other papers and documents filed as a part thereof shall be filed with the Commissioner of the State of Arkansas by personal delivery or mail addressed to:

Arkansas Insurance Department  
1 Commerce Way, Suite 505  
Little Rock, Arkansas 72202-2087  
Attention: Finance Division.

All copies of any statement, financial statements, or exhibits shall be clear, easily readable and suitable for photocopying. All documents shall be in the English language and monetary values shall be stated in United States currency.

Information required by any item of Annual Statement B, may be incorporated by reference in answer or partial answer to any other item. You may type right on the document.

**Contact Person:** In a cover letter, be sure to list the name, telephone number and email address of the Charitable Annuity Society's contact person whom the Department can reach with questions on this annual renewal filing.

**Due Date of Annual Statement B** is 180 days from your Organizations fiscal year end.

For Questions concerning how to complete this form, contact the Finance Division at 501-371-2665 or by e-mail [Insurance.Finance@Arkansas.gov](mailto:Insurance.Finance@Arkansas.gov).

Additional information is available on our website: <https://insurance.arkansas.gov/> under the Finance Division page.

**ANNUAL STATEMENT B**  
**Renewal Requirements**  
**ANNUAL STATEMENT FOR CHARITABLE ANNUITY PERMIT HOLDERS**

Filed with the Insurance Department of the State of Arkansas

By

\_\_\_\_\_  
Name of Permit Holder

Date: \_\_\_\_\_, (Year)\_\_\_\_\_

Name, Title, Address, Email and telephone number of Individuals to whom Notices and Correspondence Concerning This Statement should be addressed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ITEM 1. IDENTITY OF PERMIT HOLDER**

Furnish the exact name of each duly organized domestic or foreign nonstock corporation or association conducted without profit or Arkansas city, town, municipality, or county, or two (2) or more such entities acting pursuant to an Interlocal Cooperation Agreement authorized under Arkansas Code §§ 25-20-101 et.seq. (Collectively, "permit holder") the home office address and principal executive offices of each.

**ITEM 2. ORGANIZATIONAL CHART**

Provide a corporate organizational chart, which should include all parents, subsidiaries, and affiliates of the organization holding the special permit.

**ITEM 3. DIRECTORS**

As to each new director of the corporation or municipality, list:

- (a) Name;
- (b) Home office address;
- (c) Principal executive office address;
- (d) The title of the person;

#### **ITEM 4. CHANGES IN RATES/FORMS**

If the rates or forms have changed during the year, furnish a copy of the new rates that are being used as well as a copy of any form that has been changed or added. Additionally, indicate if any form has been retired by the organization in relation to the charitable annuity program.

#### **ITEM 5. AUDITED FINANCIAL STATEMENTS**

(a) Financial statements and exhibits should be attached to this Statement as an appendix, but list under this item the financial statements and exhibits so attached. The financial statements shall include the annual financial statements as of the end of the person's latest fiscal year.

If at the time of the renewal, the annual financial statements for the latest fiscal year are not available, annual statements for the previous fiscal year may be filed. Such financial statements may be prepared on either an individual basis, or unless the Commissioner otherwise requires, on a consolidated basis if such consolidated statements are prepared in the usual course of business.

Unless the Commissioner otherwise permits, the annual financial statements shall be accompanied by the certificate of an independent public accountant to the effect that the statements present fairly the financial position of the permit holder and the results of its operations for the year then ended, in conformity with generally accepted accounting principles or with requirements of insurance or other accounting principles prescribed or permitted under law.

In addition, each year include the following numbers in a cover letter. The figures below are for all CGA's, not Arkansas only.

- a) The amount of Charitable Gift annuity assets, as of your fiscal year end.
- b) The amount of Charitable Gift annuity reserves liability (FASB), as of your fiscal year end.
- c) Charitable Gift annuity surplus (a-b above) as of your fiscal year end.
- d) Charitable Gift annuity reserves calculation (liability) as of your fiscal year end.
- e) Minimum Required Surplus (10% of Reserves)

Note: Please provide supporting documentation for Item. a and d above.

#### **ITEM 6. MANNER IN WHICH ASSETS ARE INVESTED**

Indicate the investment standard being followed by the applicant as described in Rule 90, Section 10 (C)(2).

1. If the permit holder is organized under the laws of another state, provide state and state law under which its investments are governed.

***or***

2. If the permit holder is holding securities in accordance with Rule 90, Section 10 (C)(2)(b) file the following three items:
  - (a) A description of the permit holder's investment philosophy for charitable gift annuities and how the investments of the permit holder are designed to meet future charitable gift annuity obligations;

(b) A report from the permit holder identifying the members of the investment committee charged with making investment decisions regarding charitable gift annuity assets, including a description of each committee member's investment expertise; and

(c) A certification of the permit holder's directors that attests that its investments and investment transactions match the organization's philosophy and meet the standards of the prudent investor rule stated in §§ 24-2-610 - 24-2-619.

#### **ITEM 7. MANNER IN WHICH RESERVES ARE CALCULATED**

Each corporation or municipality shall maintain reserves with respect to the annuity or income stream that it has agreed to pay to a charitable donor by:

- a. Using the manner set forth in the Standard Valuation Law for Life Insurance and Annuities, § 23-84-101 et seq., concerning the standard valuation law for life insurance and annuities (An actuarial certification attesting to the accurateness of this calculation must be appended thereto) ; or
- b. Using the present value of all future benefits to be paid to the donor annuitant based upon the most recent mortality table published by the Internal Revenue Service; or
- c. Maintaining account reserves in an amount equal to the aggregate values determined at the dates of contribution of all assets received from donors with respect to annuities for annuitants who are then living.

Indicate the reserve standard being adopted by the applicant.

**ITEM 8. SIGNATURE AND CERTIFICATION**

Signature and certification required as follows:

**SIGNATURE**

Pursuant to the requirements of Ark. Code Ann. §23-63-213 \_\_\_\_\_ the Permit Holder has caused this annual statement to be duly signed on its behalf in the City of \_\_\_\_\_ and State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, (Year)\_\_\_\_\_.

(SEAL)

Attest:

\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Title)

**CERTIFICATION**

The undersigned deposes and says that (s)he has duly executed the attached registration statement dated \_\_\_\_\_, (Year) \_\_\_\_\_, for and on behalf of (Name of Permit Holder) \_\_\_\_\_; that (s)he is the (Title of Officer) \_\_\_\_\_ of such permit holder and that (s)he is authorized to execute and file such instrument. Deponent further says that (s)he is familiar with such instrument and the contents thereof, and that the facts therein set forth are true to the best of his/her knowledge, information and belief.

(Signature) \_\_\_\_\_  
(Type or print name beneath) \_\_\_\_\_