



ARKANSAS INSURANCE DEPARTMENT/PREPAID FUNERAL BENEFITS DIVISION

ANNUAL REPORT OF CASH-FUNDED (TRUST)
PREPAID FUNERAL BENEFITS CONTRACTS

Activity for the Period: January 1, 2015 - December 31, 2015

Deadline for Receipt by the Prepaid Funeral Benefits Division is March 15, 2016

In accordance with Arkansas Code Annotated (A.C.A.) § 23-40-119 (a) - (c)

No cash, please. Check or money order should be made payable to the "State Insurance Department Prepaid Trust Fund." (See Page 3 of 4 for the Annual Report Fee Schedule)

Licensee/Funeral Home Name: _____

Mailing Address: _____

Street No., Street Name, Apt/Suite No., or P.O. Box

City, State, ZIP Code

Business Phone: _____ Business Fax: _____

Physical Location of Books & Records (if different from Mailing Address listed above):

Street No., Street Name, Apt/Suite No., or P.O. Box, City, State, ZIP Code

Supervisor of Books & Records: _____

Contact Phone (if different from Business Phone listed above): _____

Licensee/Funeral Home Contact E-Mail Address: _____

IMPORTANT: REQUIRED DOCUMENTATION/REPORTING TO SUPPORT IN-FORCE TOTALS

To validate the reported in-force totals (as of the period end referenced above), attach to this report (as "Exhibit A") a licensee/funeral home-generated report that contains the following data elements/information: (1) Contract Date, (2) Contract Number (if applicable), (3) Gross Contract Amount/Total, (4) Assignable Benefits (if applicable), (5) Net Contract Amount/Total, and (6) Total Contract Proceeds Collected/Deposited. This should reflect only those OUTSTANDING and UNFULFILLED prepaid funeral benefits contracts that were ACTIVE as of year end. If the trustee/bank that maintains the trust account provides a year-end trust account report to the licensee/funeral home, a complete copy of that trust account statement should be provided as well (for cross-checking purposes).

FOR ARKANSAS INSURANCE DEPARTMENT USE ONLY
[RECEIVED STAMP & ADMIN PENALTY/LATE FEE ASSESSED, IF ANY]

MAIL TO:

ARKANSAS INSURANCE DEPARTMENT
1200 WEST THIRD STREET
LITTLE ROCK, AR 72201-1904
ATTN: PREPAID FUNERAL BENEFITS DIVISION

QUESTIONS/INQUIRIES: michelle.fahey@arkansas.gov
PHONE: (501) 371-2683 | FAX: (501) 371-2747



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AFFIDAVIT OF SELLER

BEFORE ME, the undersigned authority, on this day personally appeared _____,
Authorized Representative Name (Affiant 1)

an authorized representative, and _____ authorized representative, of
Authorized Representative Name (Affiant 2) (if needed)

_____,
Licensee/Funeral Home Name (Seller), 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.

Authorized Representative Signature (Affiant 1)

Authorized Representative Signature (Affiant 2) (if needed)

[Notary Seal]

NOTARY PUBLIC

STATE OF _____
COUNTY OF _____

Subscribed to and sworn or affirmed before me this _____ day
of _____, 20 _____.

MY COMMISSION EXPIRES: _____

NOTARY PUBLIC SIGNATURE



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ANNUAL REPORT FEE SCHEDULE

Per Arkansas Code Annotated (A.C.A.) § 23-40-119 (c), the annual report fee shall be based on the total amount of aggregate contracts for prepaid funeral benefits outstanding and unfulfilled as of December 31st of each year and shall be payable at the time the annual report is filed.

Per A.C.A. § 23-40-119 (c)(2), the fee shall be based on the following schedule and shall be payable to the State Insurance Department Prepaid Trust Fund:

Table with 2 columns: AGGREGATE (COMBINED) TOTAL OF OUTSTANDING & UNFULFILLED PREPAID FUNERAL BENEFITS CONTRACTS IN ARKANSAS ONLY AS OF DECEMBER 31 and ANNUAL REPORT FEE DUE TO THE STATE OF ARKANSAS/ARKANSAS INSURANCE DEPT. Rows include fee amounts from \$200.00 to \$6,000.00 based on contract value ranges.

IMPORTANT: CALCULATING THE TOTAL OUTSTANDING/UNFULFILLED PREPAID FUNERAL BENEFITS CONTRACTS AMOUNT TO DETERMINE THE ANNUAL REPORT FEE DUE

The annual report fee due is determined by aggregating (combining) the GROSS CONTRACT AMOUNTS of all outstanding/unfulfilled prepaid funeral benefits contracts that were "active" as of December 31st of the year in review. This includes all "active" contracts, regardless of funding type: cash-funded (trust), insurance-funded, and annuity-funded.

Please pay only the Annual Report Fee when submitting this report. No cash, please. Check or money order should be made payable to the "State Insurance Department Prepaid Trust Fund." [A.C.A. § 23-40-119 (c)(2)]

TRUST ACCOUNT INFORMATION

Bank(s)/Trustee(s) or Brokerage Firm(s) within the State of Arkansas where the licensee's/funeral home's (Seller's) trust account is established, as required under A.C.A. § 23-40-114 (b):

Trustee Bank or Brokerage Firm Name Address Account Number(s)



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CASH-FUNDED (TRUST) CONTRACTS: IN-FORCE ROLL-FORWARD

Table with 3 columns: LICENSEE/FUNERAL HOME IN-FORCE DESCRIPTION, COUNT (#), and AMOUNT (\$). Rows include Contract Proceeds (Principle Amount, Not Interest), Un-Disbursed Net Investment Income, and Surplus Funds.

IMPORTANT:

- If the total from (15) is less than the total from (14), then a detailed reconciliation must be attached to this report. Deposit(s) to the trust account are required when deficiency balances are identified.
A complete copy of the trustee/bank statement(s) (for the period January 1, 2015 through December 31, 2015) should be attached to this cash-funded (trust) annual report for verification/reconciliation purposes.