



ARKANSAS INSURANCE DEPARTMENT/PREPAID FUNERAL BENEFITS DIVISION

ANNUAL REPORT OF **INSURANCE-FUNDED**
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** (which should be the amount of the insurance policy collateralizing the pre-need contract), (6) **Insurance Policy Number**, and (7) **Insurance Policy Issue Date**. This should be separated by insurance company/third party administrator (if there are multiple funding sources) and should reflect only those OUTSTANDING and UNFULFILLED prepaid funeral benefits contracts that were **ACTIVE as of year end**. (Increases in the face value of the insurance policies need not be included.) If the insurance companies/third party administrators that maintain these insurance policies provide a year-end in-force report to the licensee/funeral home, a complete copy of that in-force report 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 Name (Affiant 2) (if needed)*, an authorized representative, of
_____, *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**:

AGGREGATE (COMBINED) TOTAL OF OUTSTANDING & UNFULFILLED PREPAID FUNERAL BENEFITS CONTRACTS IN ARKANSAS ONLY AS OF DECEMBER 31	ANNUAL REPORT FEE DUE TO THE STATE OF ARKANSAS/ARKANSAS INSURANCE DEPT.
<input type="checkbox"/> Up to and including \$250,000	\$ 200.00
<input type="checkbox"/> \$250,001 up to and including \$500,000	\$ 250.00
<input type="checkbox"/> \$500,001 up to and including \$1,000,000	\$ 500.00
<input type="checkbox"/> \$1,000,001 up to and including \$2,500,000	\$1,000.00
<input type="checkbox"/> \$2,500,001 up to and including \$5,000,000	\$2,000.00
<input type="checkbox"/> \$5,000,001 up to and including \$10,000,000	\$3,000.00
<input type="checkbox"/> \$10,000,001 up to and including \$20,000,000	\$4,000.00
<input type="checkbox"/> \$20,000,001 up to and including \$40,000,000	\$5,000.00
<input type="checkbox"/> \$40,000,001 and Over	\$6,000.00

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.** The “gross” contract amount is the total amount for which the pre-need contract was written; not the net contract amount, which excludes assignable benefits (other pledged insurance/annuity policies, burial association policies, etc.).

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)]



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INSURANCE COMPANIES/THIRD PARTY ADMINISTRATORS

As of December 31st of the year in review, the licensee's/funeral home's records indicate that the following insurance companies/third party administrators (TPAs), whether domestic or foreign, have issued or are administering insurance policies that fund its prepaid funeral benefits contracts:

INSURANCE CO./TPA NAME	MAILING ADDRESS/CONTACT PHONE NO.

If there are insurance companies/TPAs than cannot be listed in the spaces above, please include additional listings on a separate sheet. **IMPORTANT:** Please identify your primary/current funding source with an asterisk (*) next to the name.

INSURANCE-FUNDED PREPAID CONTRACTS: IN-FORCE ROLL-FORWARD

LICENSEE/FUNERAL HOME IN-FORCE DESCRIPTION	COUNT (#)	AMOUNT (\$)
1. Gross Contracts Total of all outstanding/unfulfilled insurance-funded contracts as of December 31, 2014	_____	_____
2. Adjustments to 2014 Annual Report [†] (+ or -)	_____	_____
3. Gross Contracts Total of ALL NEW SALES for the calendar year 2015 (+)	_____	_____
4. Gross Contracts Total of ALL TERMINATED CONTRACTS in 2015 (-)	(_____)	(_____)
5. Gross Contracts Total of all outstanding/unfulfilled insurance-funded contracts as of December 31, 2015	_____	_____

NOTE: Add the total for (1), (2), and (3), and then subtract the total for (4) to get the **year-end in-force total (5)**. If the adjustment reflected under (2) is a negative adjustment to the prior year's total, then subtract the total from (2). The total reported under (5) should balance back to the total reflected on the attached "Exhibit A" from the licensee/funeral home.

CROSS-CHECK:

6. Gross Amount of insurance policies in-force as of December 31, 2015	_____
7. "Ultimate" (Annuity) Premiums	_____ <u>NOT APPLICABLE</u> _____
8. Gross Amount of <u>Assignable Benefits</u> credited toward outstanding/unfulfilled insurance-funded contracts (other pledged policies, burial association policies, credits, etc.)	_____
9. Total [(6) + (7) + (8)]	_____

NOTE: The gross amount totals for (5) and (9) should equal the same amount. If they do not match, please provide a detailed explanation on a separate sheet.

[†] Explanation of Adjustments to 2014 Annual Report (No. 2 above):