



**ARKANSAS INSURANCE DEPARTMENT/PREPAID FUNERAL BENEFITS DIVISION**  
**ACT 372 OF 1997**  
**PREPAID FUNERAL BENEFITS LICENSE QUARTERLY CONTRACT FEE REPORT**

## 2nd Quarter 2016 (April 1, 2016 - June 30, 2016)

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

In accordance with Arkansas Code Annotated (A.C.A.) § 23-40-119 (d), this form and the Prepaid Funeral Benefits Contract fee for each new prepaid funeral benefits contract sold during the quarter must be received by the Arkansas Insurance Department/Prepaid Funeral Benefits Division **within forty-five (45) days** following the end of each quarter. As amended by Arkansas Insurance Department Rule Number 84, effective January 1, 2013, the per-contract fee is **\$10.00 for each new prepaid funeral benefits contract** entered into by the Licensee (including any amendments thereto).

Checks or money orders should be made payable to the **“State Insurance Department Prepaid Trust Fund.”**

Licensee/Company Name: \_\_\_\_\_

- Total Number of Prepaid Funeral Benefits Contracts Executed This Reporting Period: \_\_\_\_\_  
NOTE: Count is based on the **Contract Effective Date**, not the date on which the insurance or annuity policy was issued, if funded by insurance or annuity policies.
- Total Prepaid Funeral Benefits Contract Fee Due (# of New Contracts x \$10.00/each): \_\_\_\_\_

**AFFIDAVIT**

I, the undersigned, do hereby swear or affirm, under penalty of perjury, that the information submitted above is accurate, to the best of my knowledge.

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**NOTARY PUBLIC**

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_

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

MY COMMISSION EXPIRES: \_\_\_\_\_



NOTARY PUBLIC SIGNATURE \_\_\_\_\_

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](mailto:michelle.fahey@arkansas.gov)  
 PHONE: (501) 371-2683 | FAX: (501) 371-2747