



ARKANSAS INSURANCE DEPARTMENT/PREPAID FUNERAL BENEFITS DIVISION

ACT 372 OF 1997

PREPAID FUNERAL BENEFITS LICENSE QUARTERLY CONTRACT FEE REPORT

3rd Quarter 2016 (July 1, 2016 - September 30, 2016)

Deadline for Receipt by the Prepaid Funeral Benefits Division is November 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: _____

1. 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.

2. 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 Seal]

NOTARY PUBLIC SIGNATURE

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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[RECEIVED STAMP & ADMIN PENALTY/LATE FEE ASSESSED, IF ANY]