



**STATE OF ARKANSAS  
DEPARTMENT OF INSURANCE**

1200 West Third Street; Little Rock, AR 72201-1904  
Phone: 501-371-2681 or 800-282-9134; Fax: 501-371-2747  
Web site: [www.arkansas.gov/insurance](http://www.arkansas.gov/insurance)  
E-mail: [rick.toland@arkansas.gov](mailto:rick.toland@arkansas.gov)

**ACT 372 OF 1997  
PREPAID FUNERAL BENEFITS LICENSEE  
QUARTERLY CONTRACT FEE REPORT FORM**

Company Name: \_\_\_\_\_

From: July 1, 2011 To: September 30, 2011

**Instructions:** This form and the Prepaid Funeral Benefits Contract fees enclosed must be received at the Arkansas Insurance Department, Prepaid Funeral Benefits Division, **within forty-five (45) days after each quarter**. The specific dates are, **MAY 15, AUGUST 15, NOVEMBER 15, and FEBRUARY 15**. The prepaid funeral benefits contract fee is \$5 for each new contract entered into by the licensee (including any amendments thereto). The check or money order must be made payable to the **State Insurance Department Prepaid Trust Fund**.

1. Total Number of Prepaid Contracts Executed This Reporting Period \_\_\_\_\_
2. Total Amount of Fees Due for Execute Prepaid Funeral Contracts \$ \_\_\_\_\_

**AFFIDAVIT**

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

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

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

Subscribed to and sworn or affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2011.

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

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