



**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, 2009 To: September 30, 2009

**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 \_\_\_\_\_, 2009.

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

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