



STATE OF ARKANSAS
DEPARTMENT OF INSURANCE

1200 West Third Street; Little Rock, AR 72201-1904
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Web site: www.insurance.arkansas.gov/finance-prepaid.htm
E-mail: michelle.fahey@arkansas.gov

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

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

From: April 1, 2014 To: June 30, 2014

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 \$10 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 \_\_\_\_\_, 2014.

MY COMMISSION EXPIRES:

NOTARY PUBLIC