



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

3rd Quarter 2022 [July 1, 2022 - September 30, 2022]

Deadline for Receipt by the Prepaid Funeral Benefits Division is:

TUESDAY, NOVEMBER 15, 2022 (By the Close of Business)

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.

The current “per-contract” fee is **\$5.00** for each new prepaid contract written, including incoming re-assignments/transfers [[A.C.A. § 23-40-119 \(d\)\(1\)\(A\)\(i\)\(a\)](#)]. The fee may be charged to the purchaser of the contract [[\(d\)\(2\)\(A\)\(ii\)](#)].

Checks, cashier’s checks, or money orders should be made payable to the “**State Insurance Department Prepaid Trust Fund.**” No cash payments, please.

Prepaid Licensee/Company Name and Location: _____

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 **\$5.00/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.

 AUTHORIZED REPRESENTATIVE’S SIGNATURE

 TITLE

 DATE (MM/DD/YYYY)

NOTARY PUBLIC

STATE OF _____
 COUNTY OF _____

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

[Notary Stamp or Seal]

 NOTARY PUBLIC’S SIGNATURE

 COMMISSION EXPIRATION DATE

THIS SPACE FOR DEPARTMENT USE ONLY

CHK/MO #: _____

CHK/MO DATE: _____

PMT AMT: _____

TRANS ID #: _____

MAIL TO:

ARKANSAS DEPARTMENT OF COMMERCE
 1 COMMERCE WAY, SUITE 502
 LITTLE ROCK, AR 72202-2087
 ATTN: **ARK. INSURANCE DEPT. | PREPAID FUNERAL BENEFITS DIV.**

QUESTIONS/INQUIRIES: AID.Prepaid@arkansas.gov
 PHONE: (501) 371-2600 | FAX: (501) 682-0575