

Period Ending	
Mark with "X"	
"Old" Business:	
"New" Business: (Act 443 of 1987)	



Burial Association Name:	
Contract Funeral Home Name:	

**AMOUNT TO BE REPORTED UNDER THE RECAP REPORT, SECTION 6. BENEFITS RECAP, [6c]**

**AMOUNT PAYABLE TOTAL:**  
(All Pages/All Records) -

NO.	B.A. MEMBER NAME	AGE	DATE OF DEATH	B.A. CERTIFICATE NUMBER	CERTIFICATE DATE	PLACE OF DEATH (CITY/STATE)	CERTIFICATE FACE AMOUNT	AMOUNT PAYABLE
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2								
3								
4								
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(All Pages/All Records) -

NO.	B.A. MEMBER NAME	AGE	DATE OF DEATH	B.A. CERTIFICATE NUMBER	CERTIFICATE DATE	PLACE OF DEATH (CITY/STATE)	CERTIFICATE FACE AMOUNT	AMOUNT PAYABLE
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ARKANSAS INSURANCE DEPARTMENT | FUNERAL SERVICES DIVISION - BURIAL ASSOCIATIONS

SEMI-ANNUAL REPORT (S.A.R.): **BENEFITS "RENDERED"**

Period Ending	
Mark with "X"	
"Old" Business:	
"New" Business: (Act 443 of 1987)	



Burial Association Name:	
Contract Funeral Home Name:	

**AMOUNT TO BE REPORTED UNDER THE RECAP REPORT, SECTION 6. BENEFITS RECAP, [6c]**

**AMOUNT PAYABLE TOTAL:**  
(All Pages/All Records) -

NO.	B.A. MEMBER NAME	AGE	DATE OF DEATH	B.A. CERTIFICATE NUMBER	CERTIFICATE DATE	PLACE OF DEATH (CITY/STATE)	CERTIFICATE FACE AMOUNT	AMOUNT PAYABLE
87								
88								
89								
90								
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92								
93								
94								
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**NOTES:**  
The BENEFITS "RENDERED" Exhibit is required to report any B.A. members (also referred to as "policyholders") who have died, where B.A. certificate proceeds are payable to the servicing funeral home providing funeral goods and/or services at the time of need.