ARKANSAS INSURANCE DEPARTMENT | PREPAID FUNERAL BENEFITS DIVISION

ACT 372 OF 1997

PREPAID FUNERAL BENEFITS LICENSE QUARTERLY CONTRACT FEE REPORT

4th Quarter 2020 [October 1, 2020 - December 31, 2020]

Deadline for Receipt by the Prepaid Funeral Benefits Division is:

TUESDAY, FEBRUARY 16, 2021 (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