



ANNUAL REPORT OF PREPAID FUNERAL BENEFITS CONTRACTS

CASH-FUNDED (TRUST) INSURANCE-FUNDED ANNUITY-FUNDED

[CHECK ALL FUNDING TYPES THAT APPLY]

Activity for the Period: January 1, 2025 - December 31, 2025

Deadline for Receipt by the Prepaid Funeral Benefits Division is:

MONDAY, MARCH 16, 2026

[In accordance with [Ark. Code § 23-40-119 \(a\) - \(c\)](#)]

Prepaid Licensee Name: _____

Mailing Address: _____

Street No., Street Name, Apt/Suite No., or P.O. Box

City, State, ZIP Code

Business Phone: _____ E-Mail Address: _____

Physical Location of Prepaid Books & Records (if different from Mailing Address listed above):

Street No., Street Name, Apt/Suite No., or P.O. Box, City, State, ZIP Code

Supervisor of Books & Records: _____

Name

Contact Phone Number

Contact E-Mail Address

**** IMPORTANT: REQUIRED DOCUMENTATION ****

Please refer to the [2025 Annual Report—Completion Instructions & Definitions](#) companion document for more details.

Cash/Trust-Funded:

- An **Inventory Report** of “Active” cash/trust-funded prepaid contracts that includes the following data elements: (1) **Prepaid Contract Date**, (2) **Prepaid Contract Beneficiary Name**, (3) **Gross Contract Total**, (4) **Assignable Benefits** (if applicable), (5) **Net Contract Total**, (6) **Total Contract Proceeds Amount Collected/Deposited**. A separate listing of contracts that **termed** (due to death, cancellation, or outgoing re-assignment/transfer) during the year should also be attached.
- **Complete, transactional statements of account** (for January 1 - December 31) from ALL prepaid trustee/banks and/or broker/dealers acting as custodians of prepaid funds. The inventory report should reflect only those **OUTSTANDING and UNFULFILLED** prepaid funeral benefits contracts that were **ACTIVE as of December 31st of the year being reported**.

Insurance/Annuity-Funded:

- An **Inventory Report** of “Active” insurance/annuity-funded prepaid contracts that includes the following data elements: (1) **Prepaid Contract Date**, (2) **Prepaid Contract Beneficiary Name**, (3) **Gross Contract Total**, (4) **Assignable Benefits** (if applicable), (5) **Net Contract Total**, and (6) **Insurance Policy or Annuity Policy Number**. A separate listing of contracts that **termed** (due to death, cancellation, or outgoing re-assignment/transfer) during the year and **were processed prior to December 31st** should also be attached.
- **Complete copies of the insurance company/third party administrator in-force reports** (from **ALL** insurance companies/TPAs). In-force reports are required to verify policy numbers, policy issue dates, policy amounts, policy statuses, etc.

Any 2025 Annual Reports that are **not** received by the close of business on the due date listed above will be assessed a **late penalty** for each business day late, up to a maximum of ten (10) business days. Any reports that are determined by the Department to be **incomplete** (partially completed, missing inventory reports, in-force reports, bank statements, fees, and other exhibits) may also be assessed an administrative penalty for each business day beyond the deadline until the report is completed/corrected and all required exhibits provided to the Department.

* THIS AREA IS FOR **ARK. INSURANCE DEPT. USE ONLY** *

MAIL TO:

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

QUESTIONS/INQUIRIES:

PHONE: (501) 371-2600 | FAX: (501) 682-0575
E-MAIL: AID.Prepaid@arkansas.gov



ANNUAL REPORT OF PREPAID FUNERAL BENEFITS CONTRACTS

CASH-FUNDED (TRUST) INSURANCE-FUNDED ANNUITY-FUNDED

[CHECK ALL FUNDING TYPES THAT APPLY]

Activity for the Period: January 1, 2025 - December 31, 2025

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MONDAY, MARCH 16, 2026

[In accordance with [Ark. Code § 23-40-119 \(a\) - \(c\)](#)]

AFFIDAVIT OF LICENSEE/SELLER

BEFORE ME, the undersigned authority, on this day personally appeared _____, *Authorized Agent Name (Affiant 1)*,

an authorized representative, and _____, *Authorized Agent Name (Affiant 2) (if needed)*, an authorized agent, of Seller named

_____, *Prepaid Licensee Name (Seller)*, and being by me duly sworn on oath did depose and

say, each for himself/herself that each of the Affiant(s) has read the above and foregoing Annual Report and the related prepaid funeral benefits contracts of said Seller, that each knows the contents thereof, and that the facts set forth therein are known by each of the said Affiant(s) to be in all things true and correct, to the best of his/her/their knowledge.

Authorized Agent Signature (Affiant 1)

Authorized Agent Signature (Affiant 2) (if needed)

[Notary Seal]

NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

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

MY COMMISSION EXPIRES: _____

NOTARY PUBLIC SIGNATURE



ANNUAL REPORT OF PREPAID FUNERAL BENEFITS CONTRACTS

CASH-FUNDED (TRUST) INSURANCE-FUNDED ANNUITY-FUNDED

[CHECK ALL FUNDING TYPES THAT APPLY]

Activity for the Period: January 1, 2025 - December 31, 2025

Deadline for Receipt by the Prepaid Funeral Benefits Division is:

MONDAY, MARCH 16, 2026

[In accordance with [Ark. Code § 23-40-119 \(a\) - \(c\)](#)]

ANNUAL REPORT FEE SCHEDULE

Per [Ark. Code § 23-40-119 \(c\)](#), the annual report fee shall be based on the total amount of aggregate contracts for prepaid funeral benefits outstanding and unfulfilled as of December 31st of each year and shall be payable at the time the annual report is filed.

IMPORTANT: CALCULATING THE COMBINED "ACTIVE" (OUTSTANDING/UNFULFILLED) PREPAID FUNERAL BENEFITS CONTRACTS AMOUNT TO DETERMINE THE ANNUAL REPORT FEE DUE

The annual report fee due is determined by aggregating (combining) the GROSS CONTRACT AMOUNTS of all outstanding/unfulfilled prepaid funeral benefits contracts that were "active" as of December 31st of the year in-review. **This includes all "active" contracts, regardless of funding type: cash/trust-funded, insurance-funded, and annuity-funded.** The GROSS contract amount is the total amount for which the prepaid contract was written - not the NET contract amount, which excludes assignable benefits (other pledged insurance/annuity policies, burial association certificates, etc.) and other credits.

TO CALCULATE THE FEE DUE WITH THE ANNUAL REPORT:

- Combined Gross Contracts Amount of Active **Cash/Trust-Funded** Contracts as of 12-31-2025: _____
 - Combined Gross Contracts Amount of Active **Insurance-Funded** Contracts as of 12-31-2025: _____
 - Combined Gross Contracts Amount of Active **Annuity-Funded** Contracts as of 12-31-2025: _____
- COMBINED GROSS CONTRACTS AMOUNT** \Rightarrow **REFERENCE TO CHART BELOW:** _____

The Gross Contracts Amounts should be listed on the inventory reports/in-force reports attached to this Annual Report.

The Annual Report Fee and the "Per-Contract" Fee should be paid separately - not with the same check. No cash, please. Check, Cashier's Check, or Money Order should be made payable to the "State Insurance Department Prepaid Trust Fund." [[Ark. Code § 23-40-119 \(c\)\(2\)](#)]

AGGREGATE (COMBINED) TOTAL OF OUTSTANDING & UNFULFILLED PREPAID FUNERAL BENEFITS CONTRACTS IN ARKANSAS ONLY AS OF DECEMBER 31	ANNUAL REPORT FEE DUE TO THE STATE OF ARKANSAS/ARKANSAS INSURANCE DEPT.
<input type="checkbox"/> Up to and including \$250,000	\$ 200.00
<input type="checkbox"/> \$250,001 up to and including \$500,000	\$ 250.00
<input type="checkbox"/> \$500,001 up to and including \$1,000,000	\$ 500.00
<input type="checkbox"/> \$1,000,001 up to and including \$2,500,000	\$1,000.00
<input type="checkbox"/> \$2,500,001 up to and including \$5,000,000	\$2,000.00
<input type="checkbox"/> \$5,000,001 up to and including \$10,000,000	\$3,000.00
<input type="checkbox"/> \$10,000,001 up to and including \$20,000,000	\$4,000.00
<input type="checkbox"/> \$20,000,001 up to and including \$40,000,000	\$5,000.00
<input type="checkbox"/> \$40,000,001 and Over	\$6,000.00



ANNUAL REPORT OF PREPAID FUNERAL BENEFITS CONTRACTS

CASH/TRUST-FUNDED

Activity for the Period: January 1, 2025 - December 31, 2025

CASH/TRUST-FUNDED CONTRACTS: INVENTORY ROLL-FORWARD

PREPAID LICENSEE INVENTORY DESCRIPTION	CONTRACT COUNT (#)	GROSS CONTRACT AMOUNT (\$)	AMOUNT COLLECTED (\$)
CONTRACT PROCEEDS (PRINCIPAL AMOUNT, NOT INTEREST):			
1. Balance Due to the Trust Account(s) as of December 31, 2024 / January 1, 2025	_____	_____	_____
2. Net Contracts Proceeds <u>Additions</u> on existing cash-funded contracts for 2025 (+)	_____	_____	_____
3. Total of ALL <u>NEW SALES</u> for the calendar year 2025 (+)	_____	_____	_____
4. Net Contracts Total of ALL <u>TERMINATED CONTRACTS</u> [due to Death, Cancellation, Outgoing Re-Assignment/Transfer] in 2025 (-)	(_____)	(_____)	(_____)
5. Total Contract Proceeds Collected and Deposited into the Trust Account(s) as of December 31, 2025	_____	GROSS CONTRACTS - USE TO CALC. ANN. REPT. FEE	TOTAL LIABILITIES (PRINCIPAL)

**** COMPLETION OF LINES # 6 - # 13 IS OPTIONAL ****

UN-DISBURSED NET INVESTMENT INCOME:

6. Balance due to the Trust Account(s) as of December 31, 2024	_____
7. Additions for 2025 (+)	_____
8. Net Deductions for 2025 (-)	_____
9. Un-Disbursed Net Investment Income due to the Trust Account(s) as of December 31, 2025	_____

SURPLUS FUNDS:

10. Surplus Funds due to the Trust Account(s) as of December 31, 2024	_____
11. Additions for 2025 (+)	_____
12. Withdrawals for 2025 (-)	_____
13. Total Surplus Funds due to the Trust Account(s) as of December 31, 2025	_____

14. **Amount Collected** [Line #5, "Amount Collected" Column] = **Total Trust Fund LIABILITY** _____

15. **Trust Account(s) Balance** [Principal + Interest] = **Total Trust Fund ASSETS** _____

IMPORTANT:

- If there are any changes/corrections that need to be reported from the 2024 Annual Report (missed newly-issued contracts, contract additions, matured/terminated contracts, etc.), please reflect those adjustments (counts/amounts) under Item #2 and provide a brief explanation in the area below.
- If the total from [15] is less than the total from [14], then a detailed reconciliation must be attached to this report. **Deposit(s) to the trust account are required when deficiency balances/shortages in the principal balance are identified.**
- A complete copy of the **trustee/bank transactional statement(s)** [for the period **January 1, 2025** through **December 31, 2025**] should be attached to this cash/trust-funded annual report for verification/reconciliation purposes. Also include a **complete inventory listing** of all "active" cash/trust-funded prepaid contracts as of December 31, 2025.

Explanation of Adjustments to 2024 Annual Report (No. 2 above):

TRUST ACCOUNT(S) INFORMATION

Trustee/Bank or Broker/Dealer acting as Custodian within the State of Arkansas where the prepaid licensee's (Seller's) trust account is established, as required under [Ark. Code 23-40-114 \(b\)](#):

Trustee/Bank or Broker/Dealer acting as Custodian Name & Address

Account Number(s)



ANNUAL REPORT OF PREPAID FUNERAL BENEFITS CONTRACTS

INSURANCE-FUNDED

Activity for the Period: January 1, 2025 - December 31, 2025

INSURANCE COMPANIES/THIRD PARTY ADMINISTRATORS

As of December 31st of the year in-review, the prepaid licensee’s records indicate that the following insurance companies/ third party administrators (TPAs), whether domestic or foreign, have issued or are administrating insurance policies that fund its prepaid funeral benefits contracts:

INSURANCE CO./TPA NAME	MAILING ADDRESS/CONTACT PHONE NO.

If there are insurance companies/TPAs than cannot be listed in the spaces above, please include additional listings on a separate sheet. **IMPORTANT:** Please identify your primary/current funding source with an asterisk (*) next to the name.

INSURANCE-FUNDED CONTRACTS: IN-FORCE ROLL-FORWARD

LICENSEE/FUNERAL HOME IN-FORCE DESCRIPTION	CONTRACT COUNT (#)	GROSS AMOUNT OF CONTRACTS (\$)
1. Gross Contracts Total of all outstanding/unfulfilled insurance-funded contracts as of December 31, 2024 / January 1, 2025	_____	_____
2. Adjustments to 2024 Annual Report [†] (+ or -)	_____	_____
3. Gross Contracts Total of ALL NEW SALES for the calendar year 2025 (+)	_____	_____
4. Gross Contracts Total of ALL TERMINATED CONTRACTS in 2025 (-)	(_____)	(_____)
5. Gross Contracts Total of all outstanding/unfulfilled insurance-funded contracts as of December 31, 2025	_____	_____

NOTE: Add the total for [1], [2], and [3], and then subtract the total for [4] to get the **year-end in-force total [5]**. If the adjustment reflected under [2] is a negative adjustment to the prior year’s total, then subtract the total from [2]. The total reported under [5] should balance back to the total reflected on the attached “Exhibit A” from the licensee/funeral home/cemetery.

CROSS-CHECK:

6. Net Amount of insurance policies in-force as of December 31, 2025	_____
7. Total Amount of <u>Assignable Benefits</u> credited toward outstanding/unfulfilled insurance-funded contracts [other assigned policies, burial association certificates, etc.]	_____
8. Total ([6] + [7]) = Gross Contracts Total	_____

NOTE: The gross amount totals for [5] and [8] should equal the same amount. If they do not match, please provide a detailed explanation on a separate sheet.

[†] Explanation of Adjustments to 2024 Annual Report (No. 2 above):



ANNUAL REPORT OF PREPAID FUNERAL BENEFITS CONTRACTS ANNUITY-FUNDED

Activity for the Period: January 1, 2025 - December 31, 2025

INSURANCE COMPANIES/THIRD PARTY ADMINISTRATORS

As of December 31st of the year in-review, the prepaid licensee's records indicate that the following insurance companies/third party administrators (TPAs), whether domestic or foreign, have issued or are administering annuity policies that fund its prepaid funeral benefits contracts:

INSURANCE CO./TPA NAME

MAILING ADDRESS/CONTACT PHONE NO.

If there are insurance companies/TPAs than cannot be listed in the spaces above, please include additional listings on a separate sheet. **IMPORTANT:** Please identify your primary/current funding source with an asterisk (*) next to the name.

ANNUITY-FUNDED PREPAID CONTRACTS: IN-FORCE ROLL-FORWARD

LICENSEE/FUNERAL HOME IN-FORCE DESCRIPTION	A. CONTRACT COUNT (#)	B. GROSS CONTRACT SALES PRICE (\$)	C. AMOUNT COLLECTED ON ANNUITY CONTRACT (\$)
1. Total of all outstanding/unfulfilled annuity-funded contracts as of December 31, 2024 / January 1, 2025	_____	_____	_____
2. Adjustments to 2024 Annual Report [†] (+ or -)	_____	_____	_____
3. Total of ALL NEW SALES for the calendar year 2025 (+)	_____	_____	_____
4. Total of Collections for PRIOR YEARS' SALES during the calendar year 2025 (+)	_____	_____	_____
5. Gross Contracts Total of ALL TERMINATED CONTRACTS (due to Death, Cancellation, Outgoing Transfer) in 2025 (-)	(_____)	(_____)	(_____)
6. Total of all outstanding/unfulfilled annuity-funded contracts as of December 31, 2025	_____	_____	◀[6B] _____

NOTE: Add the total for [1], [2], [3], and [4] and then subtract the total for [5] to get the **year-end in-force total [6]**. If the adjustment reflected under [2] is a negative adjustment to the prior year's total, then subtract the total from [2]. The total reported under [6] should balance back to the total reflected on the attached "Exhibit A" from the licensee/funeral home/cemetery.

CROSS-CHECK:

	B.	C.
7. Annuity-Funded Prepaid Contracts <u>Balance Due</u> as of December 31, 2025	◀ NOT APPLICABLE	_____
8. <u>Assignable Benefits</u> credited toward outstanding/unfulfilled annuity-funded contracts [other assigned policies, burial association certificates, etc.]	◀ NOT APPLICABLE	_____
9. Active Contracts Amount as of December 31, 2025 (Total [6C] + [7C] + [8C])	◀ NOT APPLICABLE	◀[9C] _____

Provide a detailed explanation on additional sheet(s) if the totals of [6B] and [9C] do not match.

[†] Explanation of Adjustments to 2024 Annual Report (No. 2 above):



ANNUAL REPORT OF PREPAID FUNERAL BENEFITS CONTRACTS

NEWLY-SOLD IN 2025: "PER-CONTRACT" FEE DUE

Activity for the Period: January 1, 2025 - December 31, 2025

REMINDER: CHANGE DURING THE 2023 AR LEGISLATIVE SESSION

Prior to 2023, all prepaid licensees were required under Arkansas Prepaid Funeral Benefits Law [Ark. Code § 23-40-119 (d)] to file quarterly "per-contract" fee reports and to pay the \$5.00-per-contract fee for each new prepaid contract sold during the quarter.

During the 2023 AR Legislative Session, the requirement to file the quarterly "per contract" fee reports was removed under Act 345 of 2023 (Senate Bill 97), with future "per-contract" activity to be reported (and the "per-contract" fee paid) with the prepaid funeral annual report, beginning with the 2023 Annual Report.

The \$5.00-per-contract fee [as established under Ark. Code § 23-40-119 (d)(1)(A)(i)(a)] is still required by Arkansas Prepaid Funeral Benefits Law because these fees are required to fund the Prepaid Funeral Contracts Recovery Program Fund [as established under Ark. Code § 23-40-125].

The Annual Report Fee and the "Per-Contract" Fee should be paid separately - not with the same check. No cash, please. Check, Cashier's Check, or Money Order should be made payable to the "State Insurance Department Prepaid Trust Fund." [Ark. Code § 23-40-119 (c)(2)]

NEWLY-SOLD PREPAID CONTRACTS IN 2025 (BY MONTH)

ALL NEW CONTRACTS SOLD - CASH/TRUST-FUNDED, INSURANCE-FUNDED, AND ANNUITY-FUNDED

[INCLUDES CONTRACTS EXECUTED ON INCOMING RE-ASSIGNMENTS/TRANSFERS FROM OTHER FUNERAL HOMES]

MONTH SOLD	CONTRACTS COUNT	
JANUARY 2025	_____	
FEBRUARY 2025	_____	
MARCH 2025	_____	
APRIL 2025	_____	
MAY 2025	_____	
JUNE 2025	_____	
JULY 2025	_____	
AUGUST 2025	_____	
SEPTEMBER 2025	_____	
OCTOBER 2025	_____	
NOVEMBER 2025	_____	
DECEMBER 2025	_____	
TOTAL NEW COUNT IN 2025:	_____	TOTAL "PER-CONTRACT" FEE DUE FOR 2025
		x \$5.00/EACH = _____

****IMPORTANT****

The "Total New Count in 2025" must match the combined new count on Page 4A (Cash/Trust-Funded) + Page 4B (Insurance-Funded) + Page 4C (Annuity-Funded). The combined count must also match the number of newly-sold prepaid contracts reflected on the prepaid licensee's internally-maintained inventory report and/or the insurance companies'/third party administrators' insurance policies and annuity policies in-force reports.