Form: 10PN002
10/13

DELBERT HOSEMANN
Secretary of State

PRENEED CONTRACTS LOSS RECOVERY ASSOCIATION

Mail to: Secretary of State, Post Office Box 136, Jackson, MS 39205-0136
Phone: 601-359-9055; Fax: 601-576-2546
Website: www.sos.ms.gov

QUARTERLY CONTRACT FEE REPORT FORM

Company Name: ______________________________ Registration No.: ____________

Address: ______________________________ Phone: ____________

From: ____________________ To: ____________________

Instructions: This form and corresponding Prepaid Funeral Benefits Contract fees must be received within fifteen (15) days of the close of each quarter. The quarter periods are July 1 – September 30; October 1 – December 31; January 1 – March 31; and, April 1 – June 30. **Therefore, the specific due dates are October 15, January 15, April 15, and July 15**. The contract fee is $10.00 for each new contract subject to the fee. The check or money order must be made payable to the Preneed Contracts Loss Recovery Association.

Which contracts are subject to the $10.00 fee? If the answer is "yes" to any of the following, collect and remit the $10.00 fee: Is the preneed contract funded in whole *or in part* by trust? Is the preneed contract funded in whole *or in part* by a Burial Association Certificate/Policy? Is the preneed contract funded in whole *or in part* by a Fraternal Benefit Association or Society Certificate/Policy?

If the contract is 100%, solely funded by insurance from a member insurer participating in the Mississippi Life and Health Insurance Guaranty Association, **DO NOT** collect the $10.00 fee on that contract.

1. Total Number of Prepaid Contracts subject to the fee: ____________
2. Total Amount of Fee Due for This Period: $____________

AFFIDAVIT

I, the undersigned, do hereby swear to affirm under penalty of perjury that the information submitted above is true and accurate to the best of my knowledge.

NAME (Print) ____________ SIGNATURE ____________

TITLE ____________ DATE ____________

Subscribed to and sworn or affirmed before me on this ______ day of ____________, 20____.

MY COMMISSION EXPIRES: ____________ NOTARY PUBLIC ____________

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Provide the Following Information for Each Preneed Contract Sold: (Copy Page as Necessary)

Contract Beneficiary Name (Print):	D.O.B:	SSN:	Contract Number:	Full Contract Amount:
Address:	Contract Date:	Amount Paid at Purchase:	Funding Mechanism (Check All That Apply): Trust: ☐ Burial Association: ☐ Insurance: ☐ Fraternal Association: ☐ Warehouse Receipt: ☐	

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