

**ANNUAL REPORT OF 2016 PREPAID FUNERAL BENEFIT CONTRACT ACTIVITY  
(INSURANCE-FUNDED)**

**FILING INSTRUCTIONS**

**Who Must File an Annual Report?** All permit holders with outstanding prepaid funeral contracts must complete and file the Annual Report. It is extremely important that you submit accurate and complete information.

*Your completed Annual Report is required in our office by March 1, 2017.*

**Completing the Annual Report:**

- Pages 1-3 and 5 of the Annual Report are to be completed by the permit holder.
- The final page of the permit holder's December 31, 2016 in-force policy run which totals the dollar amount of insurance in-force and number of contracts outstanding must be submitted with the Annual Report. **The in-force policy run must balance to pages 3 and 4 of the Annual Report form.** If the data does not balance, an explanation or reconciliation of the variance must be submitted with the filing.
- Page 4 of the Annual Report is to be completed and signed by the insurance company(s) responsible for the policies funding the outstanding prepaid funeral benefit contracts sold by the permit holder. **The information submitted by the insurance company(s) must balance to the totals on Page 3 of the Annual Report.** If the data does not balance, an explanation or reconciliation of the variance must be submitted with the filing.
- Page 6 of the Annual Report must be signed by a person authorized to sign for the permit holder.

**Filing the Annual Report:**

Mail, Fax, or E-mail the completed annual report to:

**Texas Department of Banking  
ATTN: Special Audits Division  
2601 North Lamar Blvd.  
Austin, Texas 78705-4294  
Facsimile Number: (512) 475-1313  
Electronic Mail: [pfcpc@dob.texas.gov](mailto:pfcpc@dob.texas.gov)**

*Please call a Special Audits Representative at (512) 475-1285 or (512) 475-1287 with any questions concerning the completion of this form.*

You should maintain a copy of this completed form in your files for your next Departmental examination.

**TEXAS DEPARTMENT OF BANKING  
ANNUAL REPORT OF 2016 ACTIVITY FOR  
INSURANCE-FUNDED PERMIT NO. \_\_\_\_\_**

(Pursuant to the provisions of Chapter 154 of the Texas Finance Code and the rules and regulations of the Texas Department of Banking)

Name of Firm or Corporation \_\_\_\_\_

“Doing Business As” Name: \_\_\_\_\_

Domicile Address:  
\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

Mailing Address:  
\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

Telephone and Fax Numbers:  
\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

Contact Person: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## RECAPITULATION OF 2016 PREPAID FUNERAL BENEFIT CONTRACT ACTIVITY

**Section (a)** These amounts are the year-end totals as of December 31, 2015. Use your Annual Report from the previous year to get these amounts. If the Report was corrected by the examiner at your last examination, use the adjusted totals.

**Section (b)** This will be the total number of contracts added in 2016 and the amount of premiums received that were required to be deposited with the insurance company funding preneed contracts or death benefit increases, including all funds received on new and old contracts during 2016

**Section (c)** This will be the total number of contracts and associated dollar volume that have been reduced/deleted during 2016.

**Section (d)** Any adjustments made during 2016. Additions should be listed as positive amounts and reductions as bracketed amounts. All adjustments must be explained on a separate page.

**Section (e)** These amounts are your in-force totals from prepaid activity. This is your total year-end balance and must tie to your enclosed December 31, 2016 in-force policy run and the Insurance Company's Statement (page 4), "Grand total of insurance contracts/policies and dollars in-force to fund contracted prepaid funeral benefits as of December 31, 2016." **If the three documents do not agree, an explanation or reconciliation of the variance must be attached.**

**\*INDICATE WHETHER YOU ARE REPORTING OUTSTANDING**       **CONTRACTS**    **OR**     **POLICIES**

	Total Number of Contracts/Policies	In-force Dollar Volume Of Active Preneed Contracts	
<b>(a) Beginning Balances as of 12/31/15:</b>			
Whole Life	_____	\$ _____	
Annuities	_____	\$ _____	
Increasing Death Benefit – Whole Life	_____	\$ _____	
Other _____	_____	\$ _____	
<b>TOTAL BEGINNING BALANCE, 12/31/15:</b>	_____	\$ _____	(+)
<b>(b) Additions 1/1/16 – 12/31/16</b>			
New Issues, Changes to Existing Policies, and Policy Deposits:			
Whole Life	_____	\$ _____	
Annuities	_____	\$ _____	
Increasing Death Benefit – Whole Life	_____	\$ _____	
Other _____	_____	\$ _____	
*Increases to Increasing Death policies should be included, if applicable			
Growth – Dividends and Interest:			
Whole Life		\$ _____	
Annuities		\$ _____	
Increasing Death Benefit – Whole Life		\$ _____	
Other _____		\$ _____	
Reinstatements:			
Whole Life	_____	\$ _____	
Annuities	_____	\$ _____	
Increasing Death Benefit – Whole Life	_____	\$ _____	
Other _____	_____	\$ _____	

	<b>Total Number of Contracts/Policies*</b>	<b>In-force Dollar Volume of Active Preneed Contracts</b>	
Conversions: (Principal and Interest Received)			
Whole Life	_____	\$ _____	
Annuities	_____	\$ _____	
Increasing Death Benefit – Whole Life	_____	\$ _____	
Other _____	_____	\$ _____	
<b>TOTAL ADDITIONS</b>	_____	\$ _____	(+)
<b>(c) Reductions 1/1/16 – 12/31/16:</b>			
Deaths:			
Whole Life	_____	\$ _____	
Annuities	_____	\$ _____	
Increasing Death Benefit – Whole Life	_____	\$ _____	
Other _____	_____	\$ _____	
Cancellations/Lapses/Cash Surrenders/Voids/RPUs/ETIs			
Whole Life	_____	\$ _____	
Annuities	_____	\$ _____	
Increasing Death Benefit – Whole Life	_____	\$ _____	
Other _____	_____	\$ _____	
<b>TOTAL REDUCTIONS</b>	_____	\$ _____	(-)
<b>(d) Other Adjustments/Changes (Increases/Decreases)</b>			
Whole Life	_____	\$ _____	
Annuities	_____	\$ _____	
Increasing Death Benefit – Whole Life	_____	\$ _____	
Other _____	_____	\$ _____	
<b>TOTAL OTHER ADJUSTMENTS/CHANGES</b>	_____	\$ _____	(+/-)
<b>(e) Ending Balances as of 12/31/16</b>			
Whole Life	_____	\$ _____	
Annuities	_____	\$ _____	
Increasing Death Benefit – Whole Life	_____	\$ _____	
Other _____	_____	\$ _____	
<b>TOTAL ENDING BALANCE AT 12/31/16</b>	_____	\$ _____	(=)

*The final page of your in-force policy run as of 12/31/16 must be attached.*

**INSURANCE COMPANY'S STATEMENT**

Annual Report of Insured Accounts as of December 31, 2016

**TO BE COMPLETED BY AN OFFICER OF THE INSURANCE  
COMPANY FUNDING PREPAID FUNERAL BENEFIT CONTRACTS**

Submit this page to your insurance company for completion. If more than one insurance company is used, this page may be duplicated. **NOTE: An officer of the insurance company must sign at the bottom of the statement(s). Return the completed insurance statement(s) with your form.**

Name & Address of Insurance Company: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permit Holder's Name: \_\_\_\_\_

Permit Holder's approved agent(s) on the depository's records as authorized to request documents and file for withdrawals on behalf of permit holder:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATEMENT OF CONDITION:**

Total number of insurance contracts/policies as of \_\_\_\_\_  
December 31, 2016

Grand total of insurance dollars in-force to fund contracted  
Prepaid funeral benefits as of December 31, 2016  
(should tie to total ending balance on page 3) \_\_\_\_\_

I hereby certify that the foregoing statement is true and correct to the best of my knowledge and belief and has been prepared by a representative of my institution.

SIGNED: \_\_\_\_\_  
(Officer of Insurance Company) Date

PRINT NAME/TITLE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

Please call a Special Audits Representative at (512) 475-1285 or (512) 475-1287 with any questions concerning completion of this form.

**Prepaid Funeral Contract (PFC) Assessment on Insurance Funded Contracts**

The total number of PFC contracts issued from January 1, 2016 to December 31, 2016: \_\_\_\_\_

Assessments (x) \$1.00\***Total Amount Due** \$ \_\_\_\_\_

\*Section 154.3525 of the Texas Finance Code was added by H.B. 3762 and became effective September 1, 2009. This new section states the Department shall assess and collect from a seller not more than \$1 for each insurance-funded contract sold during each calendar year and shall deposit the assessments in the insurance-funded contract account within the fund. Furthermore, the Department shall stop assessing the amounts required by Subsection (a) when the amount in the insurance-funded contract account reaches \$1 million.

Please...

- Write permit number on check
- Make the check payable to: PFC Insurance Guaranty Fund

**ANNUAL REPORT ACKNOWLEDGEMENT**

I sign the foregoing Annual Report as \_\_\_\_\_ of the permit holder, having full  
Title or Capacity  
Authority to sign such Annual Report in said capacity. I affirm I have read the Annual Report and the attached  
exhibits, and all information contained therein is true and correct and no material fact has been omitted.

By:

\_\_\_\_\_

Name of Permit Holder

\_\_\_\_\_

Printed Name of Authorized Representative

\_\_\_\_\_

Signature of Authorized Representative

\_\_\_\_\_

Title

\_\_\_\_\_

Date