

**ANNUAL REPORT OF 2018 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, 2019.

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, 2018 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**

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 2018 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 2018 PREPAID FUNERAL BENEFIT CONTRACT ACTIVITY

Section (a) These amounts are the year-end totals as of December 31, 2017. 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 2018 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 2018

Section (c) This will be the total number of contracts and associated dollar volume that have been reduced/deleted during 2018.

Section (d) Any adjustments made during 2018. 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, 2018 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, 2018." **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**

(a) Beginning Balances as of 12/31/17:	Total Number of Contracts/Policies	In-force Dollar Volume Of Active Preneed Contracts	
Whole Life	_____	\$ _____	
Annuities	_____	\$ _____	
Increasing Death Benefit – Whole Life	_____	\$ _____	
Other _____	_____	\$ _____	
TOTAL BEGINNING BALANCE, 12/31/17:	_____	\$ _____	(+)
(b) Additions 1/1/18 – 12/31/18			
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 _____	_____	\$ _____	

Total Number of Contracts/Policies* In-force Dollar Volume of Active Preneed Contracts

Conversions: (Principal and Interest Received)

Whole Life _____ \$ _____

Annuities _____ \$ _____

Increasing Death Benefit – Whole Life _____ \$ _____

Other _____ \$ _____

TOTAL ADDITIONS _____ \$ _____ (+)

(c) Reductions 1/1/18 – 12/31/18:

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 _____ \$ _____

TOTAL REDUCTIONS _____ \$ _____ (-)

(d) Other Adjustments/Changes (Increases/Decreases)

Whole Life _____ \$ _____

Annuities _____ \$ _____

Increasing Death Benefit – Whole Life _____ \$ _____

Other _____ \$ _____

TOTAL OTHER ADJUSTMENTS/CHANGES _____ \$ _____ (+/-)

(e) Ending Balances as of 12/31/18

Whole Life _____ \$ _____

Annuities _____ \$ _____

Increasing Death Benefit – Whole Life _____ \$ _____

Other _____ \$ _____

TOTAL ENDING BALANCE AT 12/31/18 _____ \$ _____ (=)

The final page of your in-force policy run as of 12/31/18 must be attached.

INSURANCE COMPANY'S STATEMENT

Annual Report of Insured Accounts as of December 31, 2018

**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, 2018

Grand total of insurance dollars in-force to fund contracted
Prepaid funeral benefits as of December 31, 2018
(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, 2018 to December 31, 2018: _____

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