

**TEXAS DEPARTMENT OF BANKING  
ANNUAL REPORT OF 2022 ACTIVITY FOR  
INSURANCE-FUNDED PERMIT NUMBER \_\_\_\_\_**

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

The Texas Department of Banking (Department) relies on the permit holder's statements and all information contained in this Annual Report to be true and correct with no material misrepresentation. A request for additional support may be made in response to this Annual Report and during Departmental examinations.

**SECTION I – GENERAL INFORMATION**

1. Name of Firm or Corporation \_\_\_\_\_

“Doing Business As” Name(s), if applicable \_\_\_\_\_

2. The current permit issued to my firm is ☐ Restricted from new sales ☐ Unrestricted from new sales

3. Check the applicable response:

☐ I request no change to my permit type.

☐ I request a change from a restricted permit to an unrestricted permit. Financial statements are provided.

☐ I request a change from an unrestricted permit to a restricted permit.

4. Domicile Address \_\_\_\_\_

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

County \_\_\_\_\_ Phone \_\_\_\_\_

5. Mailing Address \_\_\_\_\_

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

6. Exam Location \_\_\_\_\_

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

7. Recordkeeper, if applicable Company Name \_\_\_\_\_

Address \_\_\_\_\_

Permit No. \_\_\_\_\_

8. Customer Service Numbers Phone \_\_\_\_\_ Fax \_\_\_\_\_

9. Contact Person Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

10. Association/Corporation Charter Number \_\_\_\_\_ Date Filed \_\_\_\_\_

Name and percentage of majority stockholder(s) who own 25% or more of outstanding stock

Name \_\_\_\_\_ Percentage Owned \_\_\_\_\_

Name \_\_\_\_\_ Percentage Owned \_\_\_\_\_

Name \_\_\_\_\_ Percentage Owned \_\_\_\_\_

Name \_\_\_\_\_ Percentage Owned \_\_\_\_\_

If the association/Corporation is owned or controlled by another entity or firm, please explain below:

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

11. Current Officers

President \_\_\_\_\_ Date Appointed \_\_\_\_\_

Vice President \_\_\_\_\_ Date Appointed \_\_\_\_\_

Secretary \_\_\_\_\_ Date Appointed \_\_\_\_\_

Treasurer \_\_\_\_\_ Date Appointed \_\_\_\_\_

**SECTION II – RECAPITULATION OF 2022 PREPAID FUNERAL BENEFIT CONTRACT ACTIVITY**

**Section (a)** – These amounts are the year-end totals as of December 31, 2021. 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 2022 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 2021.

**Section (c)** – This will be the total number of contracts and associated dollar volume that have been reduced/deleted during 2022.

**Section (d)** – Any adjustments made during 2022. 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, 2022 in-force policy run and the Insurance Company's Statement (page 7), "Grand total of insurance contracts/policies and dollars in-force to fund contracted prepaid funeral benefits as of December 31, 2022." **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.**

	<b>Total Number of Contracts/Policies</b>	<b>In-force Dollar Volume of Active Prened Contracts</b>
<b>(a) Beginning Balances as of 12/31/21:</b>		
Whole Life	_____	\$ _____
Annuities	_____	\$ _____
Increasing Death Benefit - Whole Life	_____	\$ _____
Other _____	_____	\$ _____
<b>TOTAL BEGINNING BALANCE, 12/31/21:</b>	_____	\$ _____ (+)
<b>(b) Additions 1/1/22 - 12/31/22</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 _____	_____	\$ _____

Permit No. \_\_\_\_\_

	<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>(+)</b>
<b>(c) Reductions 1/1/22 - 12/31/22</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>(-)</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>(+/-)</b>
<b>(e) Ending Balances as of 12/31/22</b>			
Whole Life	_____	_____	
Annuities	_____	_____	
Increasing Death Benefit - Whole Life	_____	_____	
Other _____	_____	_____	
<b>TOTAL ENDING BALANCE AT 12/31/22</b>	_____	_____	<b>(=)</b>

**The final page of your in-force policy run as of 12/31/22 must be attached.**

**SECTION III – QUESTIONNAIRE**

1. Has 25 percent or more of the stock or other ownership or membership interest of the permit holder changed since the permit holder's last annual report was filed? Yes ☐ No ☐

If yes, was the Department notified of the ownership change? N/A ☐ Yes ☐ No ☐

If applicable, explain the change in ownership:

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2. Is the permit holder selling new contracts under this permit? Yes ☐ No ☐

3. Have all written consumer complaints filed against anyone associated with the permit holder, if any, been resolved? N/A ☐ Yes ☐ No ☐

If no, explain: \_\_\_\_\_

4. Have all violations cited at the last examination of the permit holder, if any, been corrected? N/A ☐ Yes ☐ No ☐

If no, explain: \_\_\_\_\_

5. Has the permit holder experienced any defalcation or fraud since the permit holder's previous annual report filing? Yes ☐ No ☐

If yes, explain: \_\_\_\_\_

6. Has the permit holder been subject to any regulatory actions by any agency (enforcement actions, consent orders, etc.) since the permit holder's previous annual report filing? Yes ☐ No ☐

If yes, explain: \_\_\_\_\_

7. Has the permit holder had any permit/license suspended, revoked, or renewal refused by any agency since the permit holder's previous annual report filing? Yes ☐ No ☐

If yes, explain: \_\_\_\_\_

8. Has there been any litigation involving the permit holder initiated since the permit holder's previous annual report filing? Yes ☐ No ☐

If yes, explain: \_\_\_\_\_

9. Are all insurance sales agents properly licensed to sell insurance policies and annuities by the Texas Department of Insurance? N/A ☐ Yes ☐ No ☐

If no, explain: \_\_\_\_\_

10. Have there been any material changes to the permit holder's business plan, products, services, or financial condition since the previous annual report filing? Yes ☐ No ☐

If yes, explain: \_\_\_\_\_

11. Attach a listing of funeral home providers that are known to the permit holder that ceased business or ceased operations since the permit holder's last renewal was filed. Exhibit Attached ☐ N/A ☐

#### **SECTION IV ANNUAL REPORT ACKNOWLEDGEMENT**

I sign the foregoing Annual Report as an authorized agent or principal officer of the permit holder, having full 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. I affirm that the permit holder is familiar with and will abide by the provisions of Chapter 154 of the Texas Finance Code.

By: \_\_\_\_\_  
Corporate Name of Permit Holder

\_\_\_\_\_  
Signature of Authorized Agent or Principal Officer

\_\_\_\_\_  
Authorized Agent or Principal Officer Name and Title

\_\_\_\_\_  
Date

Permit No. \_\_\_\_\_

## **SECTION V**

### **Prepaid Funeral Contract (PFC) Assessment On Insurance-Funded Contracts**

The total number of PFCs issued from January 1, 2022 to December 31, 2022: \_\_\_\_\_

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 your permit number on the check
- Make the check payable to: PFC Insurance Guaranty Fund
- Include a copy of this page of the Annual Report with your check
- Mail the check to: Texas Department of Banking, 2601 N. Lamar Blvd., Austin, TX 78705