

**TEXAS DEPARTMENT OF BANKING
ANNUAL REPORT OF 2022 ACTIVITY FOR
TRUST-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, 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. Business Operated As:

☐ Sole Proprietorship owned by _____

☐ Partnership owned by _____

☐ Association/Corporation Charter Number _____ Date Filed _____

Name and percentage of majority owner(s) or stockholder(s) who own 25% or more of the business interest.

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. List Current Officers Below or Check if Not Applicable ☐

President _____ Date Appointed _____

Vice President _____ Date Appointed _____

Secretary _____ Date Appointed _____

Treasurer _____ Date Appointed _____

SECTION II – RECAPITULATION OF 2022 PREPAID FUNERAL BENEFIT CONTRACT ACTIVITY

INSTRUCTIONS FOR COMPLETING SECTION II. Keep the principal separate from the interest and place the information on the proper lines. This report should reflect all contracts. (The ending totals MUST balance to your control ledger as of 12/31/22.)

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) – 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 (c) – This will be the total number of new contracts sold in 2022 and the amount of all payments received and required to be deposited into your prepaid trust, including any funds received on new and old accounts and all interest earned during 2022.

Section (d) – This will be any contract that may have been previously withdrawn and is being reinstated.

Section (e) – This will be the total number of contracts matured, canceled, or escheated that have been withdrawn during 2022 and any withdrawals approved by the Department.

Section (f) – The ending amounts are your grand total from prepaid activity in 2022. This line must include all outstanding contracts. Totals in (f) must balance with your enclosed December 31, 2022 control ledger and the “Total on Deposit Book (Cost) Value” on the trustee statement(s). **If the three documents do not agree, an explanation or reconciliation of the variance must be attached.**

BEGINNING		Total Number of	Principal Deposits	Interest Earned as	Total Principal and	
(a) TOTALS		Contracts as of	Required as of	of 12/31/21	Interest as of 12/31/21	
		12/31/21	12/31/21			
		_____	\$ _____	\$ _____	\$ _____	(+)
(b) ADJUSTMENTS		_____	\$ _____	\$ _____	\$ _____	(+/-)
		Total Number of	Principal Deposits	Interest Earned for	Total Principal and	
(c) DEPOSITS		Contracts Sold for	Required 2022	2022	Interest Deposited for	
		2022			2022	
		_____	\$ _____	\$ _____	\$ _____	(+)
(d) REINSTATEMENTS		_____	\$ _____	\$ _____	\$ _____	(+)
		Total Number of	Principal Amount	Interest Withdrawn	Total Principal and	
(e) WITHDRAWALS		Contracts Withdrawn	Withdrawn for 2022	for 2022	Interest Withdrawn for	
		2022			2022	
Maturity/Cancellations		_____	\$ _____	\$ _____	\$ _____	(-)
Abandoned Property		_____	\$ _____	\$ _____	\$ _____	(-)
Other (DOB Approved)		_____	\$ _____	\$ _____	\$ _____	(-)
Federal Income Taxes				\$ _____	\$ _____	(-)
Depository/Trustee Fees				\$ _____	\$ _____	(-)
Annual Assessments				\$ _____	\$ _____	(-)
Other (provide support)		_____	\$ _____	\$ _____	\$ _____	(-)
		Total Number of	Amount of Principal	Amount of Interest	Grand Total Principal	
(f) TOTALS		Contracts as of	Required as of	Required as of	and Interest Required	
		12/31/22	12/31/22	12/31/22	as of 12/31/22	
		_____	\$ _____	\$ _____	\$ _____	(=)

The final page of your control ledger 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 previous annual report filing? Yes ☐ No ☐

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

If applicable, explain the change in ownership:

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/licensed 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. Does the permit holder currently sell any insurance funded prepaid funeral contracts? Yes ☐ No ☐

If yes, please list each insurance company below or on a separate sheet.

10. Does the permit holder, or affiliate organization of the permit holder, maintain another Prepaid Funeral Benefits permit(s) to sell trust and/or insurance prepaid funeral contracts or maintain a Certificate of Authority to operate a perpetual care cemetery in Texas? Yes ☐ No ☐

If yes, explain: _____

11. 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: _____

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: _____
Name of Permit Holder

Signature of Authorized Agent or Principal Officer

Authorized Agent or Principal Officer Name and Title

Date