

EXHIBIT "A" - INSURANCE COMPANY'S STATEMENT
Annual Report of Insurance Accounts as of December 31, 2021

**TO BE COMPLETED BY AN OFFICER OF THE INSURANCE
COMPANY FUNDING PREPAID FUNERAL BENEFITS 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 of Insurance Company: _____

Mailing Address, Line 1: _____

Mailing Address, Line 2: _____

Permit Holder's Name: _____

Permit Holder's approved agent(s) on the depository's records as authorized to request documents and file for claims processing on behalf of the permit.

STATEMENT OF CONDITION:

Total number of insurance contracts/policies as of 12/31/21: _____

Grand total of insurance dollars in-force to fund contracted
Prepaid funeral benefits as of 12/31/21: \$ _____
(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.

OFFICER OF INSURANCE COMPANY SIGNATURE: _____

PRINTED NAME AND TITLE: _____

TELEPHONE NUMBER: _____

DATE: _____