

# BURIAL ASSOCIATION SEMI-ANNUAL REPORT

1. Name \_\_\_\_\_ Period Ending \_\_\_\_\_  
 2. Location \_\_\_\_\_ Branches \_\_\_\_\_  
 3. Assessment \_\_\_\_\_ Stipulated \_\_\_\_\_ Date of Permit \_\_\_\_\_  
 4. **BALANCE last Report\*\*\*** OB\$ \_\_\_\_\_ \*(NB) 443\$ \_\_\_\_\_

**5. Monthly Collections:**

**OLD BUSINESS**

**\*ACT 443 (NB)**

Jan/Jul \_\_\_\_\_ Apr/Oct \_\_\_\_\_  
 Feb/Aug \_\_\_\_\_ May/Nov \_\_\_\_\_  
 Mar/Sep \_\_\_\_\_ Jun/Dec \_\_\_\_\_

Jan/Jul \_\_\_\_\_ Apr/Oct \_\_\_\_\_  
 Feb/Aug \_\_\_\_\_ May/Nov \_\_\_\_\_  
 Mar/Sep \_\_\_\_\_ Jun/Dec \_\_\_\_\_

a. Total Collections (\$ \_\_\_\_\_) \*(\$ \_\_\_\_\_)  
 Less Ret'd Checks (\$ \_\_\_\_\_) \*(\$ \_\_\_\_\_)  
 Total of 5a..... \$ \_\_\_\_\_ \*\$ \_\_\_\_\_  
 b. Interest from Invest'..... \$ \_\_\_\_\_ \*\$ \_\_\_\_\_  
 c. Other Income.....\$ \_\_\_\_\_ \*\$ \_\_\_\_\_  
 d. **TOTAL (Line 4+5a+5b+5c)** \$ \_\_\_\_\_ \*\$ \_\_\_\_\_

**6. DISBURSEMENTS**

a. Operating Expenses.....\$ \_\_\_\_\_ \*\$ \_\_\_\_\_  
 b. State Fee.....\$ \_\_\_\_\_ \*\$ \_\_\_\_\_  
 c. Income taxes (No penalties) \$ \_\_\_\_\_ \*\$ \_\_\_\_\_  
 d. Benefits paid.....\$ \_\_\_\_\_ \*\$ \_\_\_\_\_  
 & Returned Premiums.....\$ \_\_\_\_\_ \*\$ \_\_\_\_\_  
 e. **TOTAL (6a+6b+6c+6d)** \$ \_\_\_\_\_ \*\$ \_\_\_\_\_

7. Total Amount accounted for (5d less 6e) \$ \_\_\_\_\_ \*\$ \_\_\_\_\_

**8. RECAPITULATION OF ASSETS**

a. Cash on Hand.....\$ \_\_\_\_\_ \*\$ \_\_\_\_\_  
 b. Checking Accounts.....\$ \_\_\_\_\_ \*\$ \_\_\_\_\_  
 c. Bank Saving Accounts.....\$ \_\_\_\_\_ \*\$ \_\_\_\_\_  
 d. US Gov't Securities.....\$ \_\_\_\_\_ \*\$ \_\_\_\_\_  
 e. Savings & Loan Accounts...\$ \_\_\_\_\_ \*\$ \_\_\_\_\_  
 f. Other Investments (attach)...\$ \_\_\_\_\_ \*\$ \_\_\_\_\_  
 g. **TOTAL (8a+8b+8c+8d+8e+8f) (Must Equal line 7)** \$ \_\_\_\_\_ \*\$ \_\_\_\_\_

9. **Owing for Benefits last Report.....\$ \_\_\_\_\_** \*\$ \_\_\_\_\_

Number of Benefits Rendered this Report .....O/B \_\_\_\_\_ .....\*443 \_\_\_\_\_

a. Benefits Rendered this Report  
 (Include Ret. Premiums. – attach list of all Benefits paid or unpaid).....\$ \_\_\_\_\_ \*\$ \_\_\_\_\_  
 b. **TOTAL (9+9a) .....**\$ \_\_\_\_\_ \*\$ \_\_\_\_\_  
 c. Benefits paid this report (from line 6d, including returned premiums)....\$ \_\_\_\_\_ \*\$ \_\_\_\_\_  
 d. Benefits written off this Report.....\$ \_\_\_\_\_ \*\$ \_\_\_\_\_  
 e. Benefits owing this Report (9b less 9c & 9d) (Attach List).....\$ \_\_\_\_\_ \*\$ \_\_\_\_\_

**10. Liabilities (\*443 December Report Only)**

Act 443 Reserves (attach list of policyholders  
 And applicable reserves).....\$ \_\_\_\_\_  
 a. Claims Incurred but not reported.....\$ \_\_\_\_\_  
 b. Other liabilities (attach) ).....\$ \_\_\_\_\_  
 c. **Total liabilities (10a+10b+10c)** \*\$ \_\_\_\_\_

11. **Surplus (deficit) (8g-9e-10c)** \*\$ \_\_\_\_\_

DATE \_\_\_\_\_  
 I certify that this report is a true and correct statement of the collections, disbursements, and assets of this Association for the period ending \_\_\_\_\_  
 Signed \_\_\_\_\_ Secretary /Treasurer

**FOR DECEMBER REPORT ONLY**

I CERTIFY that this Association had \_\_\_\_\_ old business members and \_\_\_\_\_ new business members, by actual count, on the first day of January \_\_\_\_\_ Enclosed is our check in the amount of \$ \_\_\_\_\_ in payment of the fee as set forth in Act 91 of 1953 Arkansas Legislature, as amended.

I FURTHER CERTIFY that the Fidelity Bond numbered \_\_\_\_\_ with the \_\_\_\_\_ Agency, in the amount of \$ \_\_\_\_\_ is paid thru \_\_\_\_\_  
 Signed \_\_\_\_\_ Secretary Treasurer

**STATE OF ARKANSAS**

**COUNTY OF \_\_\_\_\_**

Subscribed and sworn to before me, a Notary Public, this the \_\_\_\_\_ Day of \_\_\_\_\_ Year of \_\_\_\_\_ My Commission expires \_\_\_\_\_

\_\_\_\_\_  
 Notary Public