



**Michael Watson**  
SECRETARY OF STATE

**PRENEED CONTRACTS LOSS RECOVERY ASSOCIATION**

Mail to: Secretary of State, Post Office Box 136, Jackson, MS 39205-0136  
Phone: 601-359-9055; Fax: 601-576-2546  
Website: www.sos.ms.gov

**QUARTERLY CONTRACT FEE REPORT FORM**

Company Name: \_\_\_\_\_ Registration No.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

**Instructions:** This form and corresponding Prepaid Funeral Benefits Contract fees must be received within fifteen (15) days of the close of each quarter. The quarter periods are July 1 – September 30; October 1 – December 31; January 1 – March 31; and, April 1 – June 30. **Therefore, the specific due dates are October 15, January 15, April 15, and July 15.** The contract fee is \$10.00 for each new contract subject to the fee. The check or money order must be made payable to the Preneed Contracts Loss Recovery Association.

*Which contracts are subject to the \$10.00 fee?* If the answer is “yes” to any of the following, collect and remit the \$10.00 fee: Is the preneed contract funded in whole *or in part* by trust? Is the preneed contract funded in whole *or in part* by a Burial Association Certificate/Policy? Is the preneed contract funded in whole *or in part* by a Fraternal Benefit Association or Society Certificate/Policy?

If the contract is 100%, solely funded by insurance from a member insurer participating in the Mississippi Life and Health Insurance Guaranty Association, **DO NOT** collect the \$10.00 fee on that contract.

1. Total Number of Prepaid Contracts subject to the fee: \_\_\_\_\_

2. Total Amount of Fee Due for This Period: \$ \_\_\_\_\_

**AFFIDAVIT**

I, the undersigned, do hereby swear to affirm under penalty of perjury that the information submitted above is true and accurate to the best of my knowledge.

\_\_\_\_\_  
NAME (Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

Subscribed to and sworn or affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

MY COMMISSION EXPIRES:  
\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

**Provide the Following Information for Each Preneed Contract Sold: (Copy Page as Necessary)**

<b>Contract Beneficiary Name (Print):</b>	<b>D.O.B:</b>	<b>SSN:</b>	<b>Contract Number:</b>	<b>Full Contract Amount:</b>
<b>Address:</b>	<b>Contract Date:</b>	<b>Amount Paid at Purchase:</b>	<b>Funding Mechanism (Check All That Apply):</b> Trust: <input type="checkbox"/> Burial Association: <input type="checkbox"/> Insurance: <input type="checkbox"/> Fraternal Association: <input type="checkbox"/> Warehouse Receipt: <input type="checkbox"/>	

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