## ARKANSAS INSURANCE DEPARTMENT | FUNERAL SERVICES DIVISION - BURIAL ASSOCIATIONS

SEMI-ANNUAL REPORT (S.A.R.): BENEFITS PAID

	STRANCE DEPLA
Period Ending	
Mark with "X"	
	OF ARKS

	_	Mark with "X"	
Burial Association Name:	"Old" Business:		OF ARKS
Contract Funeral Home Name:	"New" Business:		
	(Act 443 of 1987)		

AMOUNT TO BE REPORTED UNDER THE RECAP REPORT, SECTION 6. BENEFITS RECAP, [6d]  $\blacktriangleright$ 

AMOUNT PAID TOTAL: (All Pages/All Records)

NO.	B.A. MEMBER NAME	AGE	DATE OF	B.A. CERTIFICATE	CERTIFICATE	PLACE OF DEATH	CERTIFICATE	AMOUNT
1			DEATH	NUMBER	DATE	(CITY/STATE)	FACE AMOUNT	PAID
2								
3								
4								
5								
6								
7								
8								
9								
10							+	
11							+	
12							+	
_								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								

FSD-BA\_SAR\_BEN\_PAID PAGE 1 OF 3

## ARKANSAS INSURANCE DEPARTMENT | FUNERAL SERVICES DIVISION - BURIAL ASSOCIATIONS

SEMI-ANNUAL REPORT (S.A.R.): BENEFITS PAID

	SURINCE DEPL
Period Ending	
Mark with "X"	
	OF ARK ME

		Mark with "X"	
Burial Association Name:	"Old" Business:		OF ARKS
Contract Funeral Home Name:	"New" Business:		
Contract Fulleral nome Name.	(Act 443 of 1987)		

AMOUNT TO BE REPORTED UNDER THE RECAP REPORT, SECTION 6. BENEFITS RECAP, [6d]  $\blacktriangleright$ 

AMOUNT PAID TOTAL: (All Pages/All Records)

NO.	B.A. MEMBER NAME	AGE	DATE OF DEATH	B.A. CERTIFICATE NUMBER	CERTIFICATE DATE	PLACE OF DEATH (CITY/STATE)	FACE AMOUNT	AMOUNT PAID
44						,		
45								
46								
47								
48								
49								
50								
51								
52								
53								
_								
54								
55								
56								
57								
58								
59								
60								
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85							1	
86								

FSD-BA\_SAR\_BEN\_PAID PAGE 2 OF 3

## ARKANSAS INSURANCE DEPARTMENT | FUNERAL SERVICES DIVISION - BURIAL ASSOCIATIONS

SEMI-ANNUAL REPORT (S.A.R.): BENEFITS PAID

OF ARTS
All

		Mark with "X"	
Burial Association Name:	"Old" Business:		OF ARK STATE
Contract Funeral Home Name:	"New" Business:		
Contract i uneral frome Name.	(Act 443 of 1987)		

AMOUNT TO BE REPORTED UNDER THE RECAP REPORT, SECTION 6. BENEFITS RECAP, [6d] ▶

AMOUNT PAID TOTAL:
(All Pages/All Records)

NO.	B.A. MEMBER NAME	AGE	DATE OF DEATH	B.A. CERTIFICATE NUMBER	CERTIFICATE DATE	PLACE OF DEATH (CITY/STATE)	CERTIFICATE FACE AMOUNT	AMOUNT PAID
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
101								
102								
103								
104								
105								
106								
107								
108								
109								
110								
111								
112								
113								
114								
115								
116								
117								
118								
119								
120								
							PAGE 3 SUBTOTAL:	-

## NOTES:

The BENEFITS PAID Exhibit is required to report any payments issued by the B.A. This includes any credits applied toward an itemized Statement of Funeral Goods and Services at the time of need. A benefit may be paid after it has been "rendered" during the period in which it was incurred or if it was a Benefit Owing from a prior reporting period (not more than two periods following the period in which it incurred).

IMPORTANT: A benefit should not be listed as being both PAID and OWED for the same B.A. member or individual with the same certificate number during the same reporting period. It should be reported as either a BENEFIT PAID or a BENEFIT OWING during a reporting period.

FSD-BA\_SAR\_BEN\_PAID PAGE 3 OF 3