

FORM 1**REPORT ON PRE-ARRANGED FUNERAL PLANS**

Name of Licensee _____

Address _____

Period of January 1 to December 31, 19__

PART I	Number	Total Cost of Plans	Amount Held In Trust
Total plans before Jan. 1 (balance on previous year's statement)			
Payment received in the current year for plans sold before Jan. 1	XXXXXXX	XXXXXXXX	
Plans sold in the current year Jan. 1 to Dec. 31			
Interest received in the current year on all plans	XXXXXXX	XXXXXXXX	
TOTAL			

PART II	Number	Total Cost of Plans	Total Withdrawn From Trust
Plans for which service was performed			
Plans assigned to other licensees (Attach list)			
Plans terminated, cancelled or discontinued (Attach list)			
TOTAL			

<u>PART III</u>	Number	Price of Plans	Amount Held In Trust
Part I Totals			
Deduct: Part II Totals			
TOTAL PLANS ON DEPOSIT IN TRUST			

<u>PART IV</u>	Number	Price of Plans	Amount Receivable
Total receivable for plans sold before Jan. 1			
Total receivable for plans sold Jan. 1 to Dec. 31			
TOTAL RECEIVABLE			