## APPENDIX H. ANNUAL STATEMENT OF FINANCIAL CONDITION (RECONCILIATION OF TRUST ACCOUNTS)

Filed in Accordance with 36 O.S. §6129

	Form PF-3	
	For the Year 19	
		<del></del>
	Name of Funeral Home	
		<u></u>
	Address, City, State	
1.	BEGINNING BALANCE:	\$
	Sum of all trust as of January 1, 19 (The amount must agree with prior year's ending balance.)	
	ADD:	
2.	Total of all new contracts sold, current year. (Please attach a listing of each new contract as Schedule 2.)	\$
3.	Total of all contracts transferred into your Trust Fund, current year. (Please attach a listing of each contract received as Schedule 3.)	\$
4.	Total of all deposits to existing contracts. <b>DO NOT</b> include interest earned or accrued. (Please attach a listing of each account increased by a deposit as Schedule 4.)	\$
5.	Total Interest Earned:	\$
	TOTAL ADDITIONS	
6.	SUBTRACT: Total of all contracts withdrawn/	\$
· .	transferred prior to death. (Please attach a listing of each contract withdrawn/transferred as Schedule 6.)	
7.	Total of all contracts withdrawn due to death. (Please attach a listing of each contract withdrawn because of death as Schedule 7.)	\$

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## INSURANCE DEPARTMENT

8.	Total Administrative fees charged.	\$
	TOTAL SUBTRACTIONS	\$
9.	ENDING BALANCE: SUM OF ALL TRUST AS OF DECEMBER 31, 19	*\$
the Any	ease note this amount must agree with the State Insurance Department in your Annual differences must be explained in <i>detai</i> opriate documentation.	al Report (Form PF-1-b).
	n Officer of the Trust, do hereby repres and accurate:	sent that this report is
Offi	cer of Trust	
Sign	ature	
Name	of Funeral Home	
mana acco	above Reconciliation of Trust Accounts a gement (owners). I have not aud mpanying Trust Accounts and, according ion or any other form of assurance on	ited or reviewed the gly, do not express an
[Cer	tified] Public Accountant	
Addr	ess	
City	, State Zip	
[Sou	rce: Revoked and reenacted at 10 Ok Re	eg 1507, eff 5-1-93]