



OKLAHOMA INSURANCE DEPARTMENT

Insurance Commissioner, Glen Mulready

400 NE 50th Street
Oklahoma City, OK 73105

405.522.2828
oid.ok.gov

As required by Title 36 O.S § 7128

Due on or before March 15

Submit with a check for \$200 to:

Oklahoma Insurance Department

400 Northeast 50th Street, Oklahoma City, OK 73105

State of _____

ss.

Date: _____

County of _____

I, _____, as _____ of the organization named below, being of lawful age and duly sworn upon my oath, do affirm and certify as follows:

1. Name of Organization: _____
(legal name of organization)

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____

2. Name of Cemetery/Permittee (if different than that of the Organization): _____

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____

3. If the Organization maintains a trust fund for cemetery merchandise, please provide:

Name of Financial Institution/Trustee: _____

Address of Financial Institution/Trustee: _____

Name and Phone Number of Trust Officer: _____

E-mail Address of Trust Officer: _____

4. If the Organization purchased a surety bond in lieu of the trust requirements, please provide:

Name of Surety Company: _____

Address of Surety Company: _____

Name and Phone Number of Issuing Agent: _____

E-mail Address of Issuing Agent: _____

5. Name of person to contact about this Report: _____
E-mail Address of person to contact about this Report: _____
6. Period covered by this Report: _____
7. Total amount of the Cemetery Merchandise Trust Fund (**or amount of surety bond**) as of end of previous December 31 (*i.e.*, beginning balance). \$ _____
8. List the amount of the trust fund under each contract as of December 31, and the method of determination of the wholesale cost made pursuant to 36 O.S. section 7126(E). Use separate sheet(s) as necessary. (**Organizations with surety bond skip to #9**).
9. Total amount of Cemetery Merchandise Trust (**or amount of surety bond**) as of end of immediately preceding year (*i.e.*, ending balance). \$ _____
10. The Organization ___ does ___ does not intend to continue to sell Cemetery Merchandise on a preneed basis.
11. Total deposits required to be made to the Cemetery Merchandise Trust Fund during the year. (**Organizations with a surety bond, state aggregate value of outstanding liabilities on undelivered prepaid cemetery merchandise contracts.**) \$ _____
12. Included with this Report are the following:
 - (a) a current *original* manufacturer wholesale price list from *each* cemetery merchandise supplier used by the cemetery/permittee (attach a card or print the name of the cemetery/permittee on the front page of each price list);
 - (b) identification of the vault company with whom the cemetery/permittee deals and the wholesale cost of the vaults or concrete boxes; and
 - (c) any other information relevant to the determination of wholesale cost.

Signature

Title

Signed and sworn to before me on _____, by _____.

Commission Expires: _____

Notary: _____

Commission Number: _____

[seal]

CERTIFICATION

(To be completed and signed by financial institution “trustee”;
Organizations using a surety bond may disregard this certification.)

The undersigned, Trustee of the _____
Cemetery Merchandise Trust Fund, hereby certifies that the amounts stated as part of this Report are
true and correct.

Signature of Trustee

Print Name