FORM PF-2-a Page ____ of ____

ANNUAL REPORT - 19___

DUE MARCH 15, 19___

_____
(Name of Funeral Home)

_____
(Address)

_____
(City, State, Zip)

The following information is submitted on behalf of the above funeral home, based on their records ending December 31, 19___ covering ALL contracts which have not been discharged as of December 31, 19___.

THIS FORM IS FOR USE ONLY IN REPORTING ASSIGNMENT OF LIFE INSURANCE PROCEEDS.

| Buyers Name and Address | Contract Date | Purchase Price | Ins Co Issuing Policy | Policy Number | Amount of Assign-ment | Policy Face Value |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

FORM PF-2-b Page ____ of ____

| Buyers Name and Address | Contract Date | Purchase Price | Ins Co Issuing Policy | Policy Number | Amount of Assign-ment | Policy Face Value |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Form PF-2-c Page ____ of ____

| Buyers Name and Address | Contract Date | Purchase Price | Ins Co Issuing Policy | Policy Number | Amount of Assign-ment | Policy Face Value |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

TOTAL OF ALL ASSIGNMENT HELD: $_____

**CERTIFICATION**

The undersigned states and affirms that he/she has duly executed this annual report for and on behalf of _____ (Name of Funeral Home); that he/she is the _____ (Title of Officer) of such organization and that he/she is authorized to execute and file such instrument. He/she further states that he/she is familiar with such instrument and contracts thereof, and that the facts herein set forth are true to the best of his/her knowledge, information and belief.

_____
(Signature)

_____
(Print or type name of Signature)

_____
(Date)

Subscribed and sworn to before me this ____ day of _____, 19___.

_____
Notary Public

My Commission Expires:

---

[**Source:** Revoked and reenacted at 10 Ok Reg 1507, eff 5-1-93]