



SUSANA A. MENDOZA
ILLINOIS STATE COMPTROLLER

Illinois Pre-Need Cemetery Sales Cemetery Consumer Protection Funds Fee Payment Record

Illinois Office of Comptroller
PLACE DIVISION
P.O. Box 20790
Springfield, IL 62708

E-filing is now available for consumer protection reports online through the PLACE annual reporting website. Please contact the PLACE Hotline 877-203-3401 if you have any questions. Electronic filing is required if the number of lines exceeds 25.

License Number _____ / _____ / 03

Name of Business: _____

Address of Business: _____

If Corporate Ownership - please provide Corporate Information:

Corporate Parent or Partner: _____

Corporate Address: _____

Reporting Period #1: **January 1 through June 30, 20** _____

Reporting Period #2: **July 1 through December 31, 20** _____

_____ Multiply quantity by \$5 ea. = \$ _____ Licensee Paid by Check # _____ Check Total: \$ _____
No. of Contracts Sold **Total Due** 3rd Party Paid by Check # _____ Check Total: \$ _____

Total Paid \$ _____
Add above two values

Note: "Total Due" and "Total Paid" values must match.

Please complete the 3rd Party Information if applicable:

Name of Association/Corporation/Insurance Group/CPA firm, etc. Contact Name Printed Contact Phone Number

I/We, the undersigned, hereby certify that the above information on Pre-Need Contracts is true and correct.

Vendor Date

Note: Checks should be payable to the Cemetery Consumer Protection Funds. **The fees shall be remitted to the Illinois Office of Comptroller semi-annually within 30 days after the end of June (July 30th) and December (January 30th) for all contracts that have been entered in such 6-month period.**

[Important: The attached page must be completed, or a detailed spreadsheet must be attached.]

If contracts funded is equal to zero, submission of this report is still required for compliance purposes.



