



SUSANA A. MENDOZA
ILLINOIS STATE COMPTROLLER

Illinois Funeral or Burial Funds Act Funeral 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 _____ / _____ / 02

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: \$ _____

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

Total Paid \$ _____
Add above two values

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 Funeral 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.



