

TEXAS

ANNUAL STATEMENT

OF THE

(NAME OF COMPANY)

(STREET ADDRESS)

(City, State, Zip)

- LOCAL MUTUAL AID**
 - STATEWIDE**
 - BURIAL** **MUTUAL ASSESSMENT COMPANY**
 - EXEMPT**
- (Check One)*
OF _____

IN THE STATE OF TEXAS

TO THE

COMMISSIONER OF INSURANCE

OF THE

STATE OF TEXAS

**FOR THE YEAR ENDED
DECEMBER 31, 2025**

**INSTRUCTIONS FOR THE 2025
MUTUAL ASSESSMENT ANNUAL STATEMENT**

Please read these instructions carefully before completing the statement blank. The name of the company should be entered in the space provided on each page of the statement blank.

SECTION I, PAGE 2

Section I is a statement of income and disbursements which should be taken directly from the cash receipts and cash disbursements records of your company. The "Balance at the End of the Year" amounts as reflected on line 40, page 2 of the previous year's annual statement should be entered on line 1, page 2 of the current year's annual statement.

SECTION II, PAGE 3

Section II is the balance sheet for your company, which should reflect all ledger assets, non-ledger assets, assets not admitted, and all the liabilities for each fund as of December 31.

EXHIBIT 1, PAGE 4

Chapter 887 (formerly Article 14.15) requires that net premiums be deposited to the Mortuary Fund, to guarantee that future years' reserve accumulations will be available. Therefore, under this proposition, the "Excess Premium Deposits" in the Mortuary Fund are used or needed to make up the shortage of assets, which existed at December 31, 1966.

The "Amount of Excess Premium Deposits for the current year" is equal to the excess of the total on page 2, line 5, column 1 over the required amount on page 4, Exhibit 1, line 2.

EXHIBIT 2, PAGE 5

The completion of this exhibit is required by all Companies.

The purpose of Exhibit 2(a) is to determine if the income required in accordance with the Chamberlain Table is adequate to cover the amount of claims incurred and any increase in aggregate reserves. Exhibit 2(b) is the determination of the actual gain or loss in the Mortuary Fund Unassigned Policyholders' Fund.

EXHIBIT 3, PAGE 6

Exhibit 3 reports the division of regular premium income between the Mortuary Fund and the Expense Fund. Statewide Mutual Assessment Associations should not include, in this exhibit, the premiums reported on lines 2, 3, and 4 in Section I.

Membership fees should not be included in this exhibit.

Health and accident premiums should be reported on lines 1 and 2. If the Association divides H & A premiums 60 percent to the Mortuary Fund, and 40 percent to the Expense Fund, all premiums should be shown on line 1. If the Company divides premium on some other basis, the premium should be shown on line 2 with an appropriate comment as to the basis for division.

EXHIBIT 4, PAGE 6

Exhibit 4 reports investment income for both the Mortuary Fund and the Expense Fund. The amounts shown on line 7 should agree with the amounts shown in the reference at the bottom of each column.

EXHIBIT 5, PAGE 6

Exhibit 5 reports unearned and/or advanced premiums. The Company should reflect on line 3 a liability for 100 percent of the gross life premiums received in advance of premium due date. This liability should be divided between the Mortuary Fund and the Expense Fund for each fund's portion of the premium.

The Company should also reflect on line 2 a liability for the unearned portion of life net premiums paid beyond December 31. The entire amount of this liability should be reflected in the Mortuary fund only.

To illustrate how the above liabilities should be calculated, the following examples are presented for the evaluation date of December 31:

1. Assume that life premium of \$10 was due on January 15, current year, but was paid December 25, previous year. The Company would report this advance premium on line 3 of Exhibit 5 with \$6 being shown in column 1 and \$4 in column 2. This premium was paid in advance of the premium due date.
2. Assume that the \$10 quarterly premium on a life policy was due on December 15 and was paid on December 15. The premium paid for coverage extends more than two full months beyond the evaluation date. Therefore, the Mortuary Fund's net premium portion of the two months (\$4) should be reflected as a liability in the Mortuary Fund.

A reasonable estimate of a Company's unearned net premium liability will be acceptable in lieu of actual computation.

SECTION III, PAGE 7

Report under this section, all certificates of deposit, saving deposits, time deposits, NOW accounts, and money market accounts.

SECTIONS IV, V, VI, VII, VIII AND IX, PAGES 7, 8, 9, 10, 11, 12, 13, AND 14, RESPECTIVELY, ARE SELF-EXPLANATORY AND MUST BE COMPLETED IN ACCORDANCE WITH HEADINGS IN EACH SECTION.

SECTION X, PAGE 15

The sum of columns 2, 4, and 7, line 7 must agree with line 41, page 2.

SECTION XI, PAGE 15

The totals of line 22, columns 2, and 4 must agree with line 27, page 3.

The totals of line 22, column 6 must agree with line 28, page 3.

SECTION XII, PAGE 16

The amount reflected on line 7, column 4 must agree with Section I, line 23, page 2. To complete this section, salaries or compensations paid to persons other than officers and directors who do not exceed \$5,000 may be shown as an aggregate amount.

SECTION XIV, PAGE 17

This section should be the same as the sheet captioned "Reserve Summary as of December 31 current year" previously furnished each Company in the "Reserve Packet." A copy of this sheet may be attached to this page in lieu of completing this section of the statement.

The items listed to the left directly below this section entitled "Individual Policies Reserve" and "Family Group Policies Reserve" need not be completed if you followed the instructions contained in the "Reserve Packet."

The amount to be included on the line entitled "Reserve for Accidental Death Benefits" should include only the reserve for extra benefits payable under a policy due to death occurring from accidental means.

SECTION XV, PAGE 17

This section is to be completed only by those Companies writing health and accident policies.

No unearned premium liability is required to be established for first-year premiums or the Expense Fund's portion of renewal premiums.

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2025

OF THE CONDITIONS AND AFFAIRS OF THE

Employer I.D. Number _____ (Name of Company) _____

MADE TO THE
COMMISSIONER OF INSURANCE
 OF THE STATE OF TEXAS
 PURSUANT TO THE LAWS THEREOF

Organized _____ Commenced Business _____
 (Date of Temporary Permit to Solicit Application) (Date of First Certificate of Authority)

Home Office _____
 (Street and Number) (City/Town) (State) (Zip Code) (Telephone Number)

Mailing Address _____
 (Street and Number or P. O. Box) (City/Town) (State) (Zip Code) (Telephone Number)

 (Statutory Statement Contact) (Telephone Number) (Email Address)

OFFICERS AND DIRECTORS.

Complete all items and each column by listing ALL OFFICERS and DIRECTORS as of December 31.

***OFFICERS**

Full name	Title	Date First Appointed or Elected
_____	President	_____
_____	Vice-President	_____
_____	Secretary	_____
_____	Treasurer	_____

***DIRECTORS**

Full name	Title	Date First Appointed or Elected
_____	Director	_____
_____	Director	_____
_____	Director	_____
_____	Director	_____
_____	Director	_____
_____	Director	_____
_____	Director	_____
_____	Director	_____

State of TEXAS
 County of _____

_____, President; _____, Secretary;
 _____, Treasurer; and _____,
 (Name and title of person preparing statement)

of the above named Company or Association, being duly sworn, deposes and says that they are the above described officers of said Company or Association, and that on the thirty-first day of December, all of the assets described herein were the absolute property of the said Company or Association, free and clear from any liens or claims thereon, except as noted, and that the following statements, with the schedules and explanations herein contained, annexed, or referred to, are a full and correct exhibit of all the Assets, Liabilities, Income and Disbursements, and of the condition and affairs of the said Company or Association on the said thirty-first day of December, and for the year ended on that day.

Subscribed and sworn to before me this _____
 day of _____,

 President signature

 Secretary signature

 Treasurer signature

 Notary Public

 Signature and title of person preparing statement

_____, County of Texas

My commission expires _____

Report must be signed by at least two officers and person preparing statement.

(Write or Stamp Name of Company)

SECTION I STATEMENT OF INCOME AND DISBURSEMENTS	MORTUARY FUND (1)	EXPENSE FUND (2)
1. Balance from Previous Year.....		
INCOME		
2. Membership fees (Plan No. _____ is used).....		
3. Other first year premiums or assessments (statewide).....		
4. All premiums after first year on out-of-state business (statewide).....		
5. Regular dues, premiums or assessments (Exhibit 3, Line 11).....		
6. Total received from applicants and members (Lines 2-5).....		
7. Investment income received (Exhibit 4, Line 7, Col. 1).....		
8. Gain on sale of investments (Exhibit 4, Line 7, Col. 3).....		
9. Other income (itemize).....		
10. _____.....		
11. _____.....		
12. _____.....		
13. TOTAL INCOME (Lines 6-12).....		
14. TOTAL AVAILABLE (Line 1 plus Line 13).....		

DISBURSEMENTS		
15. Claims paid (Section IV, Line 19, Col. 14).....		
16. Reinsurance premiums paid.....		
17. Premium refunds.....		
18. Returned checks.....		
19. Cost of defending contested claims*.....		
20. Commission and fees paid:		
21. First year dues, premiums or assessments.....		
22. Subsequent year dues, premiums or assessments.....		
23. Salaries and other compensation to officers and employees (Section XII, Line 7, Col. 4).....		
24. Salaries and fees paid to medical examiners.....		
25. Travel expenses.....		
26. Insurance Department fees and licenses (Includes examination cost).....		
27. Taxes: Income \$ _____ Premium \$ _____ Social Security \$ _____ Other \$ _____.....		
28. Home office rent.....		
29. Advertising, printing, and stationery.....		
30. Postage, express, telephone.....		
31. Bond premiums.....		
32. Bank service charges.....		
33. Depreciation-furniture and equipment.....		
34. Loss on sale of investments (Exhibit 4, Line 7, Col. 4).....		
35. Other disbursements (itemize).....		
36. _____.....		
37. _____.....		
38. _____.....		
39. TOTAL DISBURSEMENTS (Lines 15-38).....		
40. **BALANCE AT END OF YEAR (Line 14 minus Line 39).....		
41. MEMBERSHIP AT END OF YEAR.....		

*Expenses on CONTESTED HEALTH AND ACCIDENT CLAIMS ONLY may be charged against the Mortuary Fund, subject to approval by the Commissioner of Insurance.

**Line 40, Sec. 1, Page 2, must balance with Line 12, Sec. II, Page 3

If the Mortuary Fund has more than one group, club, or class, attach a supplemental schedule showing the Mortuary Fund transactions for each.

SECTION II BALANCE SHEET	MORTUARY FUND (1)	EXPENSE FUND (2)
LEDGER ASSETS		
1. Cash in office.....		
2. Cash on deposit (Section III, Col. 13).....		
3. Statutory deposit (Show type of securities).....		
4. Mortgage loans on real estate (Sec. VII, Col. 11, Lines 10 & 50).....		
5. Bonds (Section VI, Part 1, Col. 5, Lines 8 & 25).....		
6. Stocks (Section VI, Part 2, Col. 5 Lines 8 & 25).....		
7. Furniture and equipment (Less depreciation allowance) \$ _____		
8. _____		
9. _____		
10. _____		
11. _____		
12. TOTAL LEDGER ASSETS (Must agree with Sec. I, Line 40).....		
NON-LEDGER ASSETS		
13. Investment income due and accrued (Exhibit 4, Line 7, col. 2).....		
14. Market value over book value (Sec. VI Part 2, col. 7 - col. 5).....		
15. _____		
16. TOTAL NON-LEDGER ASSETS.....		
NOT ADMITTED ASSETS		
17. Furniture and equipment.....		
18. Book value over market value (Sec. VI Part 2, col. 5 - col. 7).....		
19. _____		
20. TOTAL NOT ADMITTED ASSETS.....		
21. NET ADMITTED ASSETS (Line 12 plus Line 16, minus Line 20).....		
LIABILITIES		
22. Aggregate reserve for life policies (Sec. XIV, Col. 4)		
23. Aggregate reserve for health and accident policies (Section XV).....		
24. Total aggregate reserves.....		
25. _____		
26. Net reserve liability.....		
27. Unpaid claims - Life (Sec. XI, Cols. 2 & 4, Line 22).....		
28. Unpaid claims - H & A (Sec. XI, Col. 6, Line 22).....		
29. Reinsurance premiums due or accrued.....		
30. General operating expenses due or accrued.....		
31. Commissions to agents due or accrued.....		
32. Taxes due or accrued.....		
33. Borrowed money.....		
34. Interest due or accrued.....		
35. Unearned and/or advance premiums (Exhibit 5).....		
36. _____		
37. _____		
38. _____		
39. TOTAL LIABILITIES.....		
40. Unassigned Policyholders' Funds (Line 21 minus Line 39)		
41. TOTAL (Line 39 plus Line 40).....		

List any and all issues of outstanding bonds, contingent liability debentures, debentures, guaranty capital notes and any other securities issued by the company in the following schedule and make reference to where they are otherwise listed in the annual statement or supplements thereto. Indicate with an asterisk (*) each issue which includes a current year issue. If none have been authorized or issued, answer "NONE" as to each classification.

<u>TITLE, CLASS OR SECURITIES</u>	<u>FACE AMOUNT AUTHORIZED</u>	<u>FACE AMOUNT OUTSTANDING</u>
Contribution Certificates		

Contingent Liability

Debentures

EXHIBIT 1

**Calculation of Required Investment
Income Assumed in
The Chamberlain 3-1/2% Reserve Table**

December 31, Current Year

- 1. Aggregate reserve for life policies, December 31, previous year
(Enter the amount from line 22, page 3 of the previous year Annual Statement)..... _____
- 2. The amount of Chamberlain net premium required to be deposited in Mortuary Fund
current year (See Note Below)..... _____
- 3. Subtotal...(line 1+ line 2)..... _____
- 4. Assumed interest rate in Chamberlain Table..... _____
- 5. Required Investment Income -(Line 3 X Line 4 = Line 5)..... _____

EXHIBIT 1(a)

**Calculation of Investment Income Earned
And Realized Capital Gains**

- 1. Investment income received (Enter Mortuary Fund amount from Line 7, Page 2 of
current year Annual Statement)..... _____
- 2. Net gain on sale of investments (Enter Mortuary Fund amount from Line 8, Page 2, less the
amount on Line 34, Page 2 of the current year Annual Statement)..... _____
- 3. Total received (Line 1+ Line 2)..... _____
- 4. Subtract the Mortuary Fund amount of Investment Income Due and Accrued
(Enter amount of Line 13, Page 3 of the previous year Annual Statement)..... _____
- 5. Add the Mortuary Fund amount of Investment Income Due and Accrued (Enter amount on
Line 13, Page 3 of the current year Annual Statement)..... _____
- 6. Total Investment Income Earned and Realized Capital Gains
Total - Line 3 - Line 4 + Line 5 = Line 6..... _____

Note: The total net premiums are available from the summary of insurance in force by age and the calculation of net premium or from service bureaus in the cases where management has employed outside help in the calculation of the reserve valuation.

EXHIBIT 2(a)

**Analysis of Net Premium and Required Investment
Income to Claims Incurred and Increase in
Aggregate Reserves**

- 1. Required net premiums (Exhibit 1, Line 2)..... _____
- 2. Required investment income (Exhibit 1, Line 5)..... _____
- 3. **TOTAL** required income..... _____
- 4. Claims incurred:
 - 4(a) Claims paid - current year (Sec. I, Line 15 of
current year Annual Statement)..... _____
 - 4(b) Subtract claims unpaid prior year (Sec. II, Line 27
of previous year Annual Statement)..... _____
 - 4(c) Add claims unpaid current year (Sec. II, Line 27
of current year Annual Statement)..... _____
 - 4(d) Claims incurred
(a - b + c)..... _____
- 5. Change in reserves:
 - 5(a) Aggregate Reserves current year (Sec. II, Line 22
of current year Annual Statement)..... _____
 - 5(b) Aggregate Reserves previous year (Sec. II, Line 22
of previous year Annual Statement)..... _____
 - 5(c) Gain (Loss) in reserves - [(a) less (b)]..... _____
- 6. **TOTAL** of claims incurred and reserve change
(Line 4(d) + Line 5(c))..... _____
- 7. Chamberlain Table gain (or loss)
(Line 3 + Line 6)..... _____

EXHIBIT 2(b)

**Actual Experience of the Mortuary Fund of Gross Premium Income,
Investment Income Earned including Realized Gains or Losses
to Incurred Losses, and Increase in Aggregate Reserves**

- 1. Mortuary Fund premiums, assessments (Sec. I, Line 5)..... _____
- 2. Mortuary Fund investment income received (Sec. I, Line 7)..... _____
- 3. **TOTAL** Actual Income..... _____
- 4. Claims incurred:
 - 4(a) Claims paid current year (Sec. I, Line 15 of
current year Annual Statement)..... _____
 - 4(b) Subtract claims unpaid previous year (Sec. II, Line 27
of previous year Annual Statement)..... _____
 - 4(c) Add claims unpaid current year (Sec. II, Line 27
of current year Annual Statement)..... _____
 - 4(d) Claims incurred
(a - b + c)..... _____
- 5. Change in reserves:
 - 5(a) Aggregate Reserves current year (Sec. II, Line 22
of current year Annual Statement)..... _____
 - 5(b) Aggregate Reserves previous year (Sec. II, Line 22
of previous year Annual Statement)..... _____
 - 5(c) Gain (Loss) in reserves - [(a) less (b)]..... _____
- 6. **TOTAL** of claims incurred and reserve change
(Line 4(d) + Line 5(c))..... _____
- 7. Gain (Loss) in Policyholders' Fund
(Line 3 + Line 6)..... _____

EXHIBIT 3 - DIVISION OF REGULAR PREMIUM INCOME

Showing the division of regular premium income between the Mortuary Fund and the Expense Fund. **DO NOT INCLUDE MEMBERSHIP FEES IN THIS EXHIBIT. NOTE TO STATEWIDE MUTUAL ASSESSMENT ASSOCIATIONS - DO NOT INCLUDE in this Exhibit the premiums reported on Lines 2, 3, and 4 in Section I.**

	Total (1)	Mortuary Fund (2)	Expense Fund (3)
Health and Accident Premiums:			
1. 60% Mortuary Fund - 40% Expense Fund.....			
2. Other (explain below): _____			
3. Total Health and Accident Premiums (lines 1+2).....			
Life Premiums Upon Which the Rates Have Not Been Increased			
4. 60% Mortuary Fund - 40% Expense Fund.....			
5. Other (explain below): _____			
Life Premiums Upon Which the Rates Have Been Increased			
6. 60% Mortuary Fund - 40% Expense Fund.....			
7. 90% Mortuary Fund - 10% Expense Fund.....			
8. 75% Mortuary Fund - 25% Expense Fund.....			
9. Other (explain below): _____			
10. Total Life Premiums (lines 4+9).....			
11. Total H & A and Life Premiums (lines 3+10).....			

(Sec. I, Line 5)

(Sec. I, Line 5)

INTERROGATORIES

1. What membership fee plan is specified in the By-Laws for each class? Plan I ____; Plan II ____; Plan III ____; Plan IV ____; Assessment-as-needed ____; Other (Explain fully)

What percentage of regular premium is placed in the Mortuary fund on:

- a. policies issued prior to December 31, 1965? _____%
- b. policies issued subsequent to December 31, 1965? _____%
- c. policies upon which rates have been increased? _____%

2. Has the Company filed with the Texas Department of Insurance all rate schedules used during the year?
Yes ____ No ____

EXHIBIT 4 - INVESTMENT INCOME

Showing all investment income received during the year, investment income due and accrued at the end of the year and gains or losses on sales during year.

Type of Investment	Collected During Year (1)		Due & Accrued at End of Year* (2)		Gain on Sale During Year (3)		Loss on Sale During Year (4)	
	Mortuary Fund	Expense Fund	Mortuary Fund	Expense Fund	Mortuary Fund	Expense Fund	Mortuary Fund	Expense Fund
1. Cash on deposit (Section III).....								
2. Statutory deposit.....								
3. Mortgage loans (Section VII).....								
4. Stock (Section VI).....								
5. Bonds (Section VI).....								
6. Other (explain below): _____								
7. TOTALS.....								

(Sec. I, Line 7)

(Sec. II, Line 13)

(Sec. I, Line 8)

(Sec. I, Line 34)

*NOTE: Do not include accrued interest on savings accounts, accrued interest on certificates of deposit, or undeclared dividends on savings and loan association shares.

EXHIBIT 5 - UNEARNED AND/OR ADVANCED PREMIUMS

Showing the unearned portion of the net premium paid beyond December 31st and the gross premium paid in advance.

Description	Mortuary Fund (1)	Expense Fund (2)
1. Health & Accident premiums paid in advance of premium due date.....		
2. Unearned portion of life net premiums paid beyond December 31st but not including those life premiums paid in advance of the premium due date.....		XXXX
3. Life premiums paid in advance of the premium due date.....		
4. TOTALS.....Sec II, Line 35.....		

(Write or Stamp Name of Company)

SECTION III - Cash on Deposit

Showing all balances (according to Company's Records) carried in each Depository on the Last Day of Each Month of the Current Year

Depository (Give Full Name and Location) (1)	January (2)	February (3)	March (4)	April (5)	May (6)	June (7)	July (8)	August (9)	September (10)	October (11)	November (12)	December (13)	Interest Rate (%) (14)	Interest Received During Year (15)
EXPENSE FUND														
1.														
2.														
3.														
4.														
5.														
EXP. FD. TOTALS														
MORTUARY FUND														
1.														
2.														
3.														
4.														
5.														
MORT. FD. TOTALS													XXX	

SECTION IV - Claims Paid

Showing Total Claims Paid during Each Month of the Current Year

Claims Paid (1)	January (2)	February (3)	March (4)	April (5)	May (6)	June (7)	July (8)	August (9)	September (10)	October (11)	November (12)	December (13)	TOTAL (14)
15. Death.....													
16. Health and Accident....													
17. Disability.....													
18. Old Age Benefits.....													
19. TOTALS													

(Sec. I, Line 15)

SECTION V - Claims Unpaid

Showing Total Claims Unpaid at the end of Each Month of the Current Year

Claims Unpaid	January	February	March	April	May	June	July	August	September	October	November	December
20. Death.....												
21. Health and Accident....												
22. Disability.....												
23. Old Age Benefits.....												
24. TOTALS												

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE

(Write or Stamp Name of Company)

SECTION VI - Part 1

Showing all BONDS, Owned as of December 31 of the Current Year

(1)		(2)	(3)	(4)	(5)	(6)	(7)			(8)	(9)	(10)
DESCRIPTION, including CUSIP #		Date Acquired	Par Value	Actual Cost	Book Value	Market Value December 31 of Current Year	INTEREST			Increase, by Adjustment in Book Value During Year	Decrease, by Adjustment in Book Value During Year	Amount of Interest due and accrued Dec. 31, current year on bonds in default as to principal or interest
							Rate (%)	Amount Due and Accrued Dec. 31 of Current Year on bonds not in default	Gross Amount Received During Year			
							(a)	(b)	(c)			
EXPENSE FUND												
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.	<i>Total Expense Fund</i>	XXX					XXX					
MORTUARY FUND												
9.												
10.												
11.												
12.												
13.												
14.												
15.												
16.												
17.												
18.												
19.												
20.												
21.												
22.												
23.												
24.	<i>Total Mortuary Fund</i>	XXX					XXX					

(Sec. II, Line 5)

(Exh. 4 col.2, Line 5)

(Write or Stamp Name of Company)

SECTION VI - Part 2

Showing all PREFERRED and COMMON STOCKS, Owned as of December 31 of the Current Year (Including Mutual Funds)

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
DESCRIPTION, including CUSIP #	Date Acquired	No. of Shares	Par Value Per Share	Book Value	Rate Per Share Used to Obtain Market Value	Market Value	Actual Cost	Dividends Received During Year	Increase, (Decrease) by Adjustment in Book Value During Year
EXPENSE FUND									
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.	<i>Total Expense Fund</i>	XXX	XXX	XXX		XXX			
MORTUARY FUND									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.	<i>Total Mortuary Fund</i>	XXX	XXX	XXX		XXX			

(Sec. II, Line 6)

(Exh. 4, Col. 1, Line 4)

(Write or Stamp Name of Company)

SECTION VI - Part 3

Showing all Bonds and Stocks ACQUIRED During Year

(1)		(2)	(3)	(4)	(5)	(6)	(7)
DESCRIPTION, including CUSIP #		*Date Acquired	From Whom Acquired	No. of Shares of Stock	Actual Cost Excluding Accrued Interest on Bonds)	Par Value of Bonds	Paid for Accrued Interest and Dividends
EXPENSE FUND							
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.	<i>Total Expense Fund</i>	XXX	XXX	XXX			

MORTUARY FUND							
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.	<i>Total Mortuary Fund</i>	XXX	XXX	XXX			

*The items with reference to each issue of bonds or stocks acquired at public offerings may be totaled in one line and the word "various" inserted in columns (2) and (3)

(Write or Stamp Name of Company)

SECTION VI - Part 4

Showing all Bonds and Stocks SOLD, REDEEMED, or otherwise DISPOSED OF During Year

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
DESCRIPTION, including CUSIP#. Bonds, preferred stocks and common stocks to be grouped separately.	Date Sold	NAME OF PURCHASER (If matured or called under redemption option, so state and give price at which called)	No. of Shares of Stock	Consideration (Excluding Accrued Interest on Bonds)	Par Value of Bonds	Actual cost (Excluding Accrued Interest on Bonds)	Book Value at Date of Sale	Increase, (Decrease) by Adjustment, in Book Value During Year	Profit, (Loss) on Sale	Dividends and Interest on Stocks and Bonds Received During Year (Including accrued interest and dividends)
EXPENSE FUND										
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.		<i>Total Expense Fund</i>	XXX	XXX	XXX					
MORTUARY FUND										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										
24.		<i>Total Mortuary Fund</i>	XXX	XXX	XXX					

SECTION VII

Showing all MORTGAGE LOANS OWNED December 31 of Current Year, and all Mortgage Loans Made, Increased, Discharged, Reduced or Disposed of During the Year. (Indicate by symbols FHA and VA loans if loans are so insured)

NAME OF MORTGAGOR (1)	Date of Note		RECORD OF MORTGAGE				Amount Unpaid Dec. 31 of Previous Year
	Year Given (2)	Year Due (3)	Date Recorded (4)	County (5)	Book (6)	Page (7)	Dollars / Cents (8)
EXPENSE FUND							
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.	***** <i>Total Expense Fund</i> *****						

MORTUARY FUND

11.							
12.							
13.							
14.							
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45.							
46.							
47.							
48.							
49.							
50.	***** <i>Total Mortuary Fund</i> *****						

(Write or Stamp Name of Company)

SECTION VIII
Showing ALL LOSS AND CLAIMS UNPAID on December 31 of the Current Year
(list classes where Company operates separate classes)

	Date of Loss or Proof of Disability (1)	Name of Insured (2)	Amount of Certificate or Claim (3)	STATUS OF CLAIM			Why Unpaid or Resisted (7)
				Due and Unpaid (4)	Amount Resisted (if any) (5)	In Process of Adjustment (6)	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.	XXX	TOTALS					XXX

SECTION IX

Showing all Losses and Claims COMPROMISED, SCALED DOWN, REJECTED OR DROPPED during the year.

	Date of Loss or Proof of Disability (1)	Name of Insured (2)	Amount of Certificate or Claim (3)	PAID MEMBER OR BENEFICIARY		Why Compromised, Scaled Down or Rejected (6)
				Amount (4)	Date (5)	
						<i>(Note: If you have nothing to report under this Schedule, write the word "None" in the space below)</i>
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
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31.						
32.						
33.						
34.						
35.						
36.						
37.						
38.						
39.						
40.	XXX	TOTALS			XXX	XXX

(Write or Stamp Name of Company)

SECTION X - Exhibit of Membership and Policies or Certificates

	Health & Accident Policies		All Life Policies Except Family Group Policies upon which a group premium is charged, and which premium is not reduced upon the death of any insured			Family Group Policies upon which a group premium is charged, and which premium is not reduced upon the death of any insured			
	Number of Policies (1)	Number of Members (2)	Number of Life or Burial Policies (3)	Number of Members (4)	Amount of Life or Burial Insurance In Force (5)	Number of Policies (6)	Number of Members (7)	Total Amount of Life Insurance in Force (8)	Number of Members on which Reserves were calculated (9)
1. Balance December 31 of Previous year.....					\$				
2. Insurance written during the year.....									
3. Insurance revived during the year.....									
4. Insurance increased during the year.....									
5. TOTALS (lines 8 to 11).....									
6. Deduct terminated or decreased during the year (Total lines 8 to 11).....									
7. BALANCE DECEMBER 31 of current year.....					\$				
8. Terminated by death during the year.....									
9. Terminated by lapse during the year.....									
10. Terminated by _____ during the year.....									
11. Insurance decreases during the year.....									

SECTION XI - Exhibit of Death, Permanent Disability, Health and Accident, and Other Claims

	Death Claims		Permanent Disability Claims		H&A and Other Claims		TOTALS	
	Number (1)	Amount (2)	Number (3)	Amount (4)	Number (5)	Amount (6)	Number (7)	Amount (8)
12. Claims unpaid December 31 of previous year, as per last Annual Statement.....		\$		\$		\$		\$
13. Claims reported during the year.....								
14. Claims incurred but not reported at December 31, current year.....								
15. TOTALS (Lines 12 to 14).....		\$		\$		\$		\$
16. DEDUCT:.....								
17. Claims paid during the year.....								
18. Saved by compromising, scaled down, rejected or dropped during the year (see Section IX).....								
19. TOTAL DEDUCTS (Line 17 to 18):.....		\$		\$		\$		\$
20. Gross claims unpaid December 31 of current year (Line 15 minus Line 19).....								
21. Less reinsurance recoverable.....								
22. Net claims unpaid December 31 of current year (Line 20 minus Line 21).....		\$		\$		\$		\$

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE

(Write or Stamp Name of Company)

SECTION XII

SHOWN IN PART I ALL SALARIES, COMPENSATIONS and ALLOWANCES paid in the current year to OFFICERS, DIRECTORS, MANAGERS and EMPLOYEES. Include all items except reimbursements for actual travel expenses. Travel or car allowances, if paid, are to be included. Payments of salaries other than those to officers and directors which do not exceed \$5,000 need not be listed individually but may be shown in the aggregate. Attach additional sheets if necessary.

SHOWN IN PART II ALL COMMISSIONS paid in the current year to OFFICERS and DIRECTORS. ALSO, report all payments in excess of \$1,000 to AGENT. Attach additional sheets if necessary.

(1) TITLE	NAME OF PAYEE	(3) NATURE OF PAYMENT	(4) AMOUNT PAID DURING YEAR	(5) HOW PAID (Monthly, Quarterly, Annually, etc.)	(6) Date of meeting of BOARD OF DIRECTORS wherein authorized
			Dollars		
PART I - Salaries, Compensation and Allowance					
1.					
2.					
3.					
4.					
5.					
6.					
7.	TOTAL (Must agree with Section I, Line 23)			XXXXX	XXXXX
PART II-Commissions					
8.					
9.					
10.					
11.					
12.					

SECTION XIII - GENERAL INTERROGATORIES
(Answer all questions and attach exhibits as needed)

1. A. Has the Constitution or By-Laws of the Company been amended during the year and if so, when? Yes ___ No ___ Date _____
 B. Have you filed with the Texas Department of Insurance all forms of benefit certificates issued and rates thereon, a copy of the Constitution and By-Laws and all amendments thereof? Yes ___ No ___ (If not, this must be done immediately).
 2. A. Has the Company held any meeting during the past year? Yes ___ No ___
 B. Indicate all TYPE(S) of meetings and DATE(S) held. (Annual, Biennial, Regular, Special, or Called - Membership meeting or Board of Directors meetings).
- | | Type of Meeting | Date |
|--|-----------------|------|
| | | |
| | | |
3. Name all Companies whose assets or obligations were assumed by this Company, wholly or in part during the current year. (If none, so state). _____
 4. Does the Company accept members who reside outside its authorized territory? Yes ___ No ___ If yes, give details. _____
 5. A. What officer of the Company is charged with responsibility of the funds of the Company? (GIVE NAME AND TITLE). _____
 B. What is the amount of the bond of said officer? \$ _____ If not a continuous bond, give expiration date. _____
 C. Are all persons who handle funds of the Company bonded? Yes ___ No ___ (STATE THE NAME AND AMOUNT OF BOND ON EACH AND ALL INDIVIDUALS BONDED, except person named in Line 5A. _____)
 6. Are the officers and directors elected in accordance with the provisions of the Constitution and By-Laws? Yes ___ No ___
 7. What is the minimum and maximum amount of insurance issued on any one life? Minimum \$ _____; Maximum \$ _____
 8. Were all the stocks, bonds, and other securities owned at December 31st in the name of the Company and in the actual possession of the Company on said date with the exception of the statutory deposit? Yes ___ No ___ If not, give full and complete information relating thereto. _____
 9. Did any officer or director have any direct or indirect financial interest in any loan made or held by the Company during the statement year? Yes ___ No ___ If so, give complete details. _____
 10. Were all valid claims paid in full within 60 days after due proofs were received? Yes ___ No ___ If not, and the Company operates on the assessment-as-needed plan, or operates classes or groups on that plan, were members notified of the percentage paid on claims? Yes ___ No ___
 11. Does any person, firm, corporation, or company have any claim, contingent or otherwise, against this Company which is not included in the liabilities on page 3 of this statement? Yes ___ No ___ If yes, give the amount, terms for payment and reasons why such were not recorded as a liability on page 3 of this statement.
 12. Is reinsurance carried? Yes ___ No ___ If yes, give total amount of business reinsured \$ _____, Retention limit per policy \$ _____, Name of reinsurer: _____
 13. As of what date was the Company last examined by the Texas Department of Insurance? _____
 14. Are all funds of the Company deposited as collected in a State or National Bank within five days after their collection? Yes ___ No ___
 15. Is this Company operated by any other company, or does it or any officer or director thereof operate or have any connection with any other Company? Yes ___ No ___ If yes, give details. _____
 16. Amount of Statutory Deposit \$ _____ Give description. _____

