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ARKANSAS FRANCHISE TAX
ANNUAL INSURANCE ENTITIES FRANCHISE TAX REPORT
LEGAL RESERVE MUTUAL

Use blue or black ink only

Beginning Date: January 1, 2020

Ending Date: December 31, 2020

• Final Return • Amended Return

1. Business Information (Required):

• _____
Name

• _____
Secretary of State (SOS) Filing Number (Required)

• _____ • SSN • FEIN
Federal ID Number

Correct any of the below information, if needed.

2. Tax Contact Information:

• _____
Name

• _____
Address

• _____ • _____ • _____
City State Zip

• _____
Phone Number

• _____
Email Address

3. • ALL OF THE INFORMATION IN SECTIONS 4, 5, & 6 HAS BEEN VERIFIED AND HAS BEEN FOUND TO BE EXACTLY THE SAME AS LAST YEAR'S REPORT.

4. Principal Office Information:

• _____
Address

• _____ • _____ • _____
City State Zip

• _____
NAICS Code

5. ASSETS PER BALANCE SHEET, DATED DECEMBER 31, 2020 • \$

6. If the total assets in 5 is less than \$100,000,000 your total tax is \$300.
If the total assets in 5 is \$100,000,000 or more your total tax is \$400.

TOTAL DUE: • \$

I declare, under the penalties of perjury, that the foregoing statements are true to the best of my knowledge and belief.

Executed this _____ day of _____, _____
Day Month Year

Print Name _____

Signature _____