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

Use blue or black ink only

• Beginning Date: \_\_\_\_\_

• Ending Date: \_\_\_\_\_

•  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 \_\_\_\_\_