



**STATE OF ARKANSAS
DEPARTMENT OF INSURANCE**

1200 West Third Street; Little Rock, AR 72201-1904
Phone: 501-371-2683 or 800-282-9134; Fax: 501-371-2747
Website: www.insurance.arkansas.gov/finance-prepaid.htm
Email: michelle.fahey@arkansas.gov

**TRANSFeree'S CERTIFICATION OF NET WORTH
IN A CHANGE OF OWNERSHIP TRANSACTION**

On this ____ day of _____, 20 ____, I, _____,
an authorized representative of _____, the Transferee,
do hereby state under oath, the following:

1. Pursuant to Arkansas Code Annotated 23-40-110(d)(1), each Transferee shall, as of a date not more than thirty (30) days prior to the application date, have a net worth in an amount equal to the greater of five thousand dollars (\$5,000.00) or three percent (3%) of the aggregate contract price of its outstanding and unfulfilled prepaid contracts plus all prepaid contracts to be assumed from the Seller, up to a maximum net worth of two hundred fifty thousand dollars (\$250,000.00). Based upon the requirements of this statute, the Transferee is required to have a minimum net worth of \$_____.
2. The Transferee's balance sheet dated _____, 20 ____, has been prepared in accordance with generally accepted accounting principles and reflects the Transferee to have a net worth of \$_____.

Authorized Representative

County _____
State Arkansas

Subscribed and sworn to or affirmed before me this ____ day of _____, 20 ____.

Notary Public

Commission Expiration Date