



ALABAMA DEPARTMENT OF INSURANCE
 Examination Division - Preneed
 201 Monroe Street, Suite 502
 Montgomery, AL 36104

FINANCIAL STATEMENT WAIVER APPLICATION FOR CERTIFICATE OF AUTHORITY RENEWAL
 (Form PN-FSW)

Pursuant to Alabama Preneed Regulation 482-3-003-.10(8), prior to April 1st of each year, Certificate Holders that wish to have the financial statement requirement waived for the renewal of their Certificate of Authority must certify and sign below that they have met the requirements as stated in the statute in accordance with §27-17A-11(i) of the Alabama Preneed Funeral and Cemetery Act (The Act).

If granted, the waiver will apply only to the upcoming renewal. A new application must be filed for each year that a waiver is desired.

 Name of Certificate of Authority Holder _____
 Certificate of Authority Number

For purposes of this form, "I", "you", "your" or "my" refers to the Certificate Holder.

I hereby certify that:

- 1) There have been no valid complaints filed against the certificate holder since the last examination.
- 2) There have been no administrative actions instituted against the certificate holder since the last examination.
- 3) All outstanding preneed contracts written by the certificate holder since April 30, 2002, are fully funded in accordance with The Act.
- 4) All preneed contracts written by the certificate holder have been funded by life insurance, annuity, or the deposit of 100 percent of all funds collected on all preneed contracts in trust within thirty (30) days after the end of the calendar month in which the funds are collected.
- 5) All required or requested records have been provided to the department in a timely manner.

The certificate holder, upon approval of waiver, hereby agrees to file quarterly reports of all preneed activity on a form or in a format prescribed by the Commissioner as required by the above referenced statute. The first report is due August 14th for the reporting period April through June, and quarterly thereafter. The certificate holder acknowledges that failure to make said filings is grounds for immediate revocation of the waiver.

Any person knowingly presenting false or fraudulent information to the Commissioner of Insurance or his representative may be guilty of a Class C felony pursuant to §27-17A-22(d)(1) of the Act.

The waiver does not exempt the certificate holder from having a financial statement on file. The certificate holder must be able to produce a financial statement at any time when requested by the Department.

I, as the certificate holder or the representative authorized to sign on behalf of the certificate holder, hereby certify that the above requirements have been satisfied to the best of my knowledge and belief.

 Print Name

 Signature of Certificate Holder or Authorized Agent

 Date