



KAY IVEY  
GOVERNOR

# ALABAMA BOARD OF FUNERAL SERVICES

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CHARLES PERINE  
DIRECTOR

## INACTIVE ANNUAL REPORTING FORM AL-PNR-I (10/2023)

This inactive report is for the reporting of Post-Law Preneed Contracts ONLY. You will need your preneed log and statements from insurer(s) and/or trustee(s) in order to complete this report. Statements from insurer(s) and/or trustee(s) must be submitted along with this report. This report will not be considered complete until all statements are received by the Board. If you are reporting for multiple branches, you must submit a report for each location. Reports are due on or before April 1st of each year. Any reports received on or after April 2nd must be submitted with a \$50 late fee for each day the report is past due.

You are submitting information for the reporting year (prior calendar year) for your Inactive Report.

Type of organization:  Individual  Partnership  LLC  LLP  C Corp  S Corp

_____	
NAME OF ENTITY	COA OR BRANCH NUMBER
_____	
PHYSICAL ADDRESS (Street, City, State, Zip Code) (No P. O. Box)	TELEPHONE NUMBER
_____	
MAILING ADDRESS (P. O. Box or Street Address, State, City, Zip Code)	EMAIL ADDRESS
_____	

### TRUST FUNDED

List each trust company that is being used to fund the entity's post-law preneed contracts. Form may be copied as many times as necessary.

Beginning Value: The dollar amount of the trust at the beginning of the reporting period.

Ending Vaule: The dollar amount of the trust at the end of the reporting period.

Change in Value: The difference of the beginning balance and the ending balance.

Deposits: The total dollar amount of preneed funds collected and deposited into trust during the reporting period.

Withdrawals: The total dollar amount withdrawn from the trust upon fulfillment of preneed contracts during the reporting period.

Beginning Contracts: The number of contracts at the beginning of the reporting period (should be the same as the ending contracts from the previous reporting year).

Written: The number of preneed contracts written since the last reporting period.

Cancelled: The total number of any contracts cancelled since the last reporting period, including transferred contracts.

Fulfilled: The total number of contracts that have been fulfilled since the last reporting period.

Ending Contracts: The difference of the beginning contracts plus the written contracts and the cancelled contracts plus fulfilled contracts (should correlate with preneed log)((Beg. + Writ.) - (Canc. + Fulf.) = End.).

INACTIVE ANNUAL REPORT

NAME OF TRUSTEE \_\_\_\_\_ TRUSTEE PHONE NUMBER \_\_\_\_\_

TRUSTEE ADDRESS (Street, City, State, Zip Code) \_\_\_\_\_ TRUSTEE EMAIL \_\_\_\_\_

Beginning Value: \$ \_\_\_\_\_

Ending Value: \$ \_\_\_\_\_

Change in Value: \$ \_\_\_\_\_

Deposits: \$ \_\_\_\_\_

Withdrawals: \$ \_\_\_\_\_

Beginning Contracts: \_\_\_\_\_

Written: \_\_\_\_\_

Cancelled: \_\_\_\_\_

Fulfilled: \_\_\_\_\_

Ending Contracts: \_\_\_\_\_

NAME OF TRUSTEE \_\_\_\_\_ TRUSTEE PHONE NUMBER \_\_\_\_\_

TRUSTEE ADDRESS (Street, City, State, Zip Code) \_\_\_\_\_ TRUSTEE EMAIL \_\_\_\_\_

Beginning Value: \$ \_\_\_\_\_

Ending Value: \$ \_\_\_\_\_

Change in Value: \$ \_\_\_\_\_

Deposits: \$ \_\_\_\_\_

Withdrawals: \$ \_\_\_\_\_

Beginning Contracts: \_\_\_\_\_

Written: \_\_\_\_\_

Cancelled: \_\_\_\_\_

Fulfilled: \_\_\_\_\_

Ending Contracts: \_\_\_\_\_

INACTIVE ANNUAL REPORT

INSURANCE FUNDED

List each insurance company that is being used to fund the entity's post-law preneed contracts, including contracts that the purchaser has provided an assignment to an insurance policy to cover the full amount of the preneed contract. Form may be copied as many times as necessary.

Face Value: The amount of the insurance being purchased to fund the contract. If the insurance has a graded or limited death benefit, then the ultimate value should be recorded.

Previous Contracts: The total number of contracts at the beginning of the reporting period (should be the same as the outstanding contracts from the previous reporting period).

Written: The total number of preneed contracts written with the insurer since the last reporting period.

Cancelled: The total number of contracts funded with the insurer that have been cancelled since the last reporting period (lapsed, cancelled, terminated, no longer in-force) but not paid out to the certificate holder.

Fulfilled: The total number of contracts funded with the insurer that have been fulfilled since the last reporting period.

Outstanding Contracts: The total number of contracts funded with the insurer that remain outstanding/in force at the end of the reporting period (should correlate with your preneed log).

NAME OF INSURANCE COMPANY	INSURANCE COMPANY PHONE NUMBER
INSURANCE COMPANY ADDRESS (Street, City, State, Zip Code)	INSURANCE COMPANY EMAIL

Face Value: \$ \_\_\_\_\_

Previous Contracts: \_\_\_\_\_

Written: \_\_\_\_\_

Cancelled: \_\_\_\_\_

Fulfilled: \_\_\_\_\_

Outstanding Contracts: \_\_\_\_\_



INACTIVE ANNUAL REPORT

SURETY BOND FUNDED

List each surety bond issuer that is being used to fund the entity's post-law preneed contracts. Form may be copied as many times as necessary.

Bond Number: The bond number as it appears on the surety bond.

Amount of Surety Bond: The total dollar amount of the surety bond

Outstanding Liability: The original retail amount of services and cash advances and the actual cost to the entity to provide the undelivered merchandise for all preneed contracts funded by the surety bond as of the end of the reporting period.

Previous Contracts: The total number of contracts at the beginning of the reporting period (should be the same as the outstanding contracts from the previous reporting period).

Written: The total number of contracts which were written and covered by the surety bond since the last reporting period. The contracts should be included in the outstanding liability.

Cancelled: The total number of contracts which were originally covered by the surety bond but which have been cancelled since the last reporting period.

Fulfilled: The total number of contracts which were originally covered by the surety bond but which have been fulfilled since the last reporting period.

Outstanding Contracts: The total number of contracts covered by the surety bond that remain outstanding in force at the end of the reporting period (should correlate with your preneed log).

\_\_\_\_\_  
NAME OF SURETY BOND ISSUER

\_\_\_\_\_  
SURETY BOND ISSUER PHONE NUMBER

\_\_\_\_\_  
SURETY BOND ISSUER ADDRESS (Street, City, State, Zip Code)

\_\_\_\_\_  
SURETY BOND ISSUER EMAIL

Surety Bond Number: \_\_\_\_\_

Amount of Surety Bond: \$ \_\_\_\_\_

Outstanding Liability: \$ \_\_\_\_\_

Previous Contracts: \_\_\_\_\_

Written: \_\_\_\_\_

Cancelled: \_\_\_\_\_

Fulfilled: \_\_\_\_\_

Outstanding Contracts: \_\_\_\_\_

INACTIVE ANNUAL REPORT

TOTALS

Enter the totals in the blanks below. This information should come from your preneed contract log(s).

Total Contracts Outstanding per Prened Log: Enter the number of contracts shown as outstanding on your preneed contract log.

Total Net Sales of All Outstanding Prened Contracts: The net sales amount of all outstanding post-law preneed contracts according to your log.

Net Sales: The total retail value of all outstanding post-law preneed contracts, regardless of the funding method or whether paid in full, less any discounts or credit for insurance applied to the contract.

Total Contracts Outstanding per Prened Log: \_\_\_\_\_

Total Net Sales of All Outstanding Prened Contracts: \$ \_\_\_\_\_

I, as the certificate holder of the representative authorized to sign on behalf of the certificate holder, certify that the information provided herein is true and correct to the best of my knowledge and belief. I certify that I have complied with the requirements of Chapter 34-13, Code of Alabama, 1975. I understand that any person who knowingly presents false or fraudulent information to the Board or its representatives, willfully fails to timely make deposits to the trust, or knowingly withdraws unauthorized funds or assets from a trust may be guilty of a felony under Alabama law and subject to restitution, fines, loss of any or all certificates of authority or other applicable licenses, prison, or any combination thereof.

\_\_\_\_\_  
COA REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE