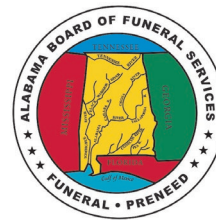




KAY IVEY
GOVERNOR

ALABAMA BOARD OF FUNERAL SERVICES

4276 LOMAC STREET | MONTGOMERY, ALABAMA 36106
P.O. BOX 309522 | MONTGOMERY, ALABAMA 36130
PHONE 334.242.4049 | WWW.FSB.ALABAMA.GOV
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CHARLES PERINE
DIRECTOR

PRENEED COA AND BRANCH REGISTRANT RENEWAL APPLICATION

FORM AL-PNC-R (5/2024)

COA Holders seeking to renew their COA and branch registrants must complete this renewal application and submit it with the necessary required documents and the annual renewal fee of \$99.00 for a COA and \$198 for each branch. Renewals will be accepted beginning July 1st of each year. You must renew the COA and its branches on or before September 1st of each year without penalty. Any renewal application received September 2nd through October 1st must be accompanied with the renewal fee **PLUS** a \$100.00 late fee. COAs that are not renewed on or before October 1st will be considered inactive and must cease all preneed sales activity.

Type of Business (Check appropriate box below)
<input type="checkbox"/> Funeral Establishment
<input type="checkbox"/> Combination Funeral/Cemetery
<input type="checkbox"/> Cemetery Authority
<input type="checkbox"/> Third-Party Seller

You are submitting information for the current year renewal of your Preneed Certificate of Authority.

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

NAME OF BUSINESS ENTITY

D/B/A NAME (if applicable)

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)

FAX NUMBER

E-MAIL ADDRESS

COA LICENSE NUMBER

FEDERAL EMPLOYER I. D. NUMBER

FISCAL YEAR END DATE

Has there been a change in ownership of the entity holding the Preneed Certificate of Authority? ☐ Yes ☐ No
You must contact the Board regarding changes in ownership. This may be as simple as one shareholder sold their shares or passed away and the stock has been divided between the heirs or other shareholders, etc.

Since filing last year's renewal application, has the name, address, telephone number, or email address of the Certificate Holder or branches changed? ☐ Yes ☐ No

If any contact information has changed, including but not limited to, representatives, phone numbers, mailing or email addresses, you must notify the Board.

Office Use Only			
Received:	Posted:	Posted by:	CA, CK, CCK, MO, CC

PRENEED CERTIFICATE OF AUTHORITY AND BRANCH REGISTRANT - RENEWAL APPLICATION

Vj g'c'ppwcn'hp'cpekn'ucvgo gpv'tgs wktgf "d{ 'y' g'Crndco c'Rtgp'g'f'Hwp'g'tcn'cpf'Ego g'vgt{ 'Cev'qh'4245'j cu'dggp"
k'p'qtr qtcv'f'lp'q'y' ku't'gpgy c'n'c'r r'ecv'k'p'0"Vj g'h'p'cpekn'p'h'q'to c'v'k'p't'gs w'g'v'f'lp'y' ku'uge'v'k'p'uj q'w'f' "dg'q'd'v'k'p'g'f' "h'q'o "
y' g'Egt'w'hec'v'J q'f' g't'u'h'p'cpekn'ucvgo gpw'e'q'x'g't'k'p'i 'ku'h'ue'c'n'f' g'c't'o q'u'v't'g'eg'p'w'f' "g'p'f' g'f'0"Vj g'ng{ 'h'p'cpekn'p'w'o d'g'tu'c't'g"
e'c'r'w'v'f'lp'y' g'uc'o g'o c'p'p'g't'cu'lp'r' t'g'x'k'w'u'f' g'c'tu'c'p'f'lp' "c'ee'q't'f' c'p'eg'y' k'y' "Rt'g'p'g'f' "T'g'i w'r'v'k'p'Ej c'r' v'g't'6: 4/5/2250"Vj g"
q'p'n' "e'j' c'p'i' g'ku'y' g'h'q'to 'y' j' k'ej' "j' cu'g'r'k'o k'p'c'v'f' "c'm'd'w'y' g'ng{ 'p'w'o d'g'tu't'g'r'v'f' "q'r' t'g'p'g'f' "c'p'f' "e'g't'v'k'p' "q'w'c'n'0"Vj g"
h'q'm'y' k'p'i' "h'p'cpekn'h'i' w't'g'u'o w'u'd'g'g'p'v'g't'g'f' "h'q't'y' g't'g'p'g'y' k'p'i' "Egt'w'hec'v'J q'f' g't' "e'q'o d'k'p'g'f' "y' k'y' "ku'd't'c'p'ej' g'u'0

ASSETS

Your Preneed Receivables should be entered here. Preneed Receivables are divided into two sections, Pre-Law (preneed contracts written prior to May 1, 2002) and Post-Law (preneed contracts written on May 1, 2002 through the end of the company's last fiscal year). The amount recorded for the receivable depends on the funding method. Add all funding methods together for both Pre-Law (enter "0" if none) and Post-Law Receivables.

Trust Funded: total of future preneed payments due from preneed purchasers **PLUS** the amount already in trust
(An annual statement of trust activity must be submitted with this application pursuant to §34-13-191
(g) ad (h). Failure to submit trust statement will result in a \$50 per day fine.)

Insurance/Annuity Funded: total face amount of life insurance/annuity purchased to fund the preneed contracts

Letter of Credit or Surety Bond: total of future preneed payments by preneed purchasers at the date of the financial statement

Total assets should be the sum of all of your assets (cash, investments, inventory, property, Preneed Receivables, etc.). **This should NOT include any funds held in an Endowment Care Account other than earnings that may be used by a cemetery for the upkeep of a cemetery.**

Pre-Law Receivables: \$ _____

Post-Law Receivables: \$ _____

Total Assets: \$ _____

LIABILITIES

Your Preneed Deferred Revenue should be entered here. Like assets, Preneed Deferred Revenue is divided into Pre-Law and Post-Law sections. Preneed Deferred Revenue is calculated regardless of the funding method.

Pre-Law Deferred Revenue: the current cost to fulfill all outstanding pre-law preneed contracts (if you have no unfulfilled pre-law contracts, enter "0")

Post-Law Deferred Revenue: the retail value of the unfulfilled post-law preneed contracts

Total liabilities should be the sum of all liabilities including, but not limited to, accounts payable, loans and other debt, taxes, Preneed Deferred Revenue, etc. **This should NOT include any funds to be held in an Endowment Care Account unless there is an amount due to be trusted in endowment care for interment rights sold/paid in full.**

Pre-Law Deferred Revenue: \$ _____

Post-Law Deferred Revenue: \$ _____

Total Liabilities: \$ _____

EQUITY/SURPLUS

Assets - Liabilities = Equity/Net Worth

This amount includes retained earnings, stock, additional paid-in capital, etc. Depending on the type of company, this may be unassigned or restricted funds. **This should NOT include any Endowment Care funds held in trust.** It may be called **Net Worth** on the financial statement.

Total Equity/Surplus: \$ _____

PRENEED CERTIFICATE OF AUTHORITY AND BRANCH REGISTRANT - RENEWAL APPLICATION

NET INCOME

This include all sources of income less costs of sales and other expenses, including employee expenses, merchandise, taxes, etc. This is the amount reported on the Income Statement or Tax Return.

Net Income: \$ _____

What type of individual prepared the financial figures? ☐ Company Representative ☐ CPA/Bookkeeper
☐ Other: _____

PREPARER NAME

E-MAIL ADDRESS

PHONE NUMBER

What accounting method was used to prepare this financial data? ☐ GAAP ☐ Form issued by the Board

Has the accounting method changed since your last financial statement? ☐ Yes ☐ No

Include your complete financial statement with this application. Pursuant to Preneed Regulation Chapter 395-X-9-.08 (2) (a) and (b), a certificate holder must submit financial statements prepared according to GAAP or the form issued by the Board. the form issued by the Board must be completed in its entirety and it can be downloaded from our website. Proper notes must be included with all financial statements.

Has the Certificate Holder been the subject of any bankruptcy proceeding or had a judgement filed against it since the date of the last application? ☐ Yes ☐ No

If you have filed bankruptcy, you are required to notify the Board. You will be required to file the statement of facts and details of that bankruptcy (including date(s), together with the case: style, number, name, and location of the court(s) in which the proceedings were held or are pending).

What date was the Preneed Sales Agent for the Certificate Holder renewed? _____
PSAs must be renewed before COA renewal can be approved

Does the Certificate Holder have a secondary location operating as a common business enterprise, using the same name, but without its own Certificate of Authority or branch registration? ☐ Yes ☐ No

Provide the name, address, and telephone number of each additional location and indicate they type of entity (funeral establishment, cemetery authority, combination, or third-party). This page may be copied as many times as necessary.

NAME OF BUSINESS ENTITY

TYPE OF ENTITY

PHYSICAL ADDRESS (Street, City, State, Zip Code) (No P. O. Box)

TELEPHONE NUMBER

NAME OF BUSINESS ENTITY

TYPE OF ENTITY

PHYSICAL ADDRESS (Street, City, State, Zip Code) (No P. O. Box)

TELEPHONE NUMBER

PRENEED CERTIFICATE OF AUTHORITY AND BRANCH REGISTRANT - RENEWAL APPLICATION

I, as the certificate holder or the representative authorized to sign on behalf of the certificate holder, certify that the information included in this application, and including the attached financial statement, is true and correct to the best of my knowledge and belief. I certify that I have complied with all of the requirements of Chapter 34-13, Code of Alabama 1975, and request renewal of the Preneed Certificate of Authority. I understand that any person who knowingly presents false or fraudulent information to the Alabama Board of Funeral Services or its representatives, willfully fails to timely make deposits to 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.

Name of Authorized Representative _____

Signature of Authorized Representative _____

Date signed _____

*****PLEASE SUBMIT NON-REFUNDABLE RENEWAL FEE OF \$99.00 WITH APPLICATION ALONG WITH ANY OTHER APPLICABLE FEES.**