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Post Office Box 309522  
Montgomery, Alabama 36130

OFFICE TELEPHONE NUMBER:  
334-242-4049

FAX NUMBER:  
334-353-7988

## INACTIVE CERTIFICATE OF AUTHORITY ANNUAL REPORT

This report is for the reporting of **POST-LAW PRENEED CONTRACTS ONLY**. The Certificate of Authority will reference the preneed log and the statements from insurer(s) and/or trustee(s) in order to complete this form. Statements from insurer(s) and/or trustee(s) must be submitted with this report. This report will not be considered complete until all statements are received by the Board. If there are any Branch Registrants registered under the Inactive Certificate of Authority, a report for each Branch Registrant must be submitted. Inactive report is due on or before April 01st of each year. Any reports received on or after April 02nd must be submitted with a \$50 late fee for each day the report is past due.

**This report should be completed with information for the reporting year (previous calendar year).**

|   |  |                                  |                    |        |        |
|---|--|----------------------------------|--------------------|--------|--------|
| NAME OF CERTIFICATE OF AUTHORITY:                     |  |                                  |                    |        |        |
| D/B/A NAME (if applicable):                           |  |                                  |                    |        |        |
| MAILING ADDRESS:                                      |  |                                  |                    |        |        |
| PHYSICAL ADDRESS (if different from mailing address): |  |                                  |                    |        |        |
| CERTIFICATE OF AUTHORITY'S E-MAIL ADDRESS:            | CERTIFICATE OF AUTHORITY'S TELEPHONE NUMBER: |                                  |                    |        |        |
| FUNERAL ESTABLISHMENT LICENSE NUMBER (if applicable): | FEDERAL EMPLOYER IDENTIFICATION NUMBER:      |                                  |                    |        |        |
| CERTIFICATE OF AUTHORITY'S FISCAL YEAR END DATE:      | CERTIFICATE OF AUTHORITY LICENSE NUMBER:     |                                  |                    |        |        |
| TYPE OF BUSINESS ENTITY (check the appropriate box):  |  |                                  |                    |        |        |
| Funeral Establishment                                 | Cemetery Authority                           | Combination Funeral and Cemetery | Third-Party Seller |        |        |
| TYPE OF ORGANIZATION (check the appropriate box):     |  |                                  |                    |        |        |
| Sole Proprietorship                                   | Partnership                                  | LLC                              | LLP                | C Corp | S Corp |

**TRUST FUNDED**

List each trust company that is being used to fund the Certificate of Authority's post-law preneed contracts.

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

Ending Value: 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.

Written: The number of preneed contracts written since last reporting period that are funded by this particular trust company.

Cancelled: The total number of any contracts cancelled since the last reporting period, including transferred contracts. That were funded by this particular trust company.

Fulfilled: The total number of contracts that have been fulfilled since the last reporting period that were funded by this particular trust company.

Ending Contracts: The difference of the beginning contracts plus the written contracts and the cancelled contracts plus the fulfilled contracts (should correlate with preneed log).

$$(\text{Beginning Contracts} + \text{Written}) - (\text{Cancelled} + \text{Fulfilled}) = \text{Ending Contracts}$$

|                           |                             |
|---------------------------|-----------------------------|
| NAME OF TRUSTEE:          |                             |
| MAILING ADDRESS:          | TRUSTEE'S TELEPHONE NUMBER: |
| TRUSTEE'S E-MAIL ADDRESS: |                             |

|                           |                            |
|---------------------------|----------------------------|
| BEGINNING VALUE: \$ _____ | BEGINNING CONTRACTS: _____ |
| DEPOSITS: \$ _____        | WRITTEN: _____             |
| WITHDRAWALS: \$ _____     | CANCELLED: _____           |
| ENDING VALUE: \$ _____    | FULFILLED: _____           |
| CHANGE IN VALUE: \$ _____ | ENDING CONTRACTS: _____    |

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### INSURANCE FUNDED

List each insurance company that is being used to fund the Certificate of Authority'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.

Face Value: The total amount of the insurance being purchased to fund the preneed contracts. 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.

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

Cancelled: The total number of preneed contracts written 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 of Authority.

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 the preneed log).

|                          |                             |
|--------------------------|-----------------------------|
| NAME OF INSURER:         |                             |
| MAILING ADDRESS:         |                             |
| INSURERS E-MAIL ADDRESS: | INSURER'S TELEPHONE NUMBER: |

|                              |
|------------------------------|
| FACE VALUE: \$ _____         |
| PREVIOUS CONTRACTS: _____    |
| WRITTEN: _____               |
| CANCELLED: _____             |
| FULFILLED: _____             |
| OUTSTANDING CONTRACTS: _____ |

**SURETY BOND FUNDED**

List each surety bond issuer that is being used to fund the Certificate of Authority's post-law preneed contracts.

Bone 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 that are funded by the surety bond.

Written: The total number of preneed 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:          |  |
| MAILING ADDRESS:                     |  |
| SURETY BOND ISSUER'S E-MAIL ADDRESS: | SURETY BOND ISSUER'S TELEPHONE NUMBER: |

|                                 |                              |
|---------------------------------|------------------------------|
| SURETY BOND NUMBER: _____       | PREVIOUS CONTRACTS: _____    |
| AMOUNT OF SURETY BOND: \$ _____ | WRITTEN: _____               |
| OUTSTANDING LIABILITY: \$ _____ | CANCELLED: _____             |
|                                 | FULFILLED: _____             |
|                                 | OUTSTANDING CONTRACTS: _____ |

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**LETTER OF CREDIT FUNDED**

List each trustee of each letter of credit that is being used to fund the Certificate of Authority's post-law preneed

LOC Number: the Letter of Credit number as it appears on the letter of credit.

Amount of LOC: The total dollar amount of the letter of credit.

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 letter of credit as of the end of the reporting period.

Previous Contracts: The total number of contracts at the beginning of the reporting period that are funded by the letter of credit.

Written: The total number of preneed contracts which were written and covered by the letter of credit 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 letter of credit but which have been cancelled since the last reporting period.

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

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

|  |  |
|--|--|
| NAME OF LETTER OF CREDIT COMPANY:          |  |
| MAILING ADDRESS:                           |  |
| LETTER OF CREDIT COMPANY'S E-MAIL ADDRESS: | LETTER OF CREDIT COMPANY'S TELEPHONE NUMBER: |

|                                 |                              |
|---------------------------------|------------------------------|
| LOC NUMBER: _____               | PREVIOUS CONTRACTS: _____    |
| AMOUNT OF LOC: \$ _____         | WRITTEN: _____               |
| OUTSTANDING LIABILITY: \$ _____ | CANCELLED: _____             |
|                                 | FULFILLED: _____             |
|                                 | OUTSTANDING CONTRACTS: _____ |

**TOTALS**

Enter the totals in the blanks below.

Total Contracts Outstanding per Preneed Log(s): Enter the number of contracts shown as outstanding on your preneed contract log. If you have more than one preneed log, add each number and enter the total.

Total Net Sales of All Outstanding Preneed Contracts: The total net sales amount of all outstanding post-law preneed contracts according to your preneed contract log. If you have more than one preneed log, add the net sales for each log and enter the total net sales amount.

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 PRENEED LOG(S): | TOTAL NET SALES OF ALL OUTSTANDING PRENEED CONTRACTS: |
|---|---|

I, as the authorized representative of the Inactive Certificate of Authority, 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 Alabama Board of Funeral Services 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.

|  |  |
|--|--|
| NAME OF AUTHORIZED REPRESENTATIVE OF INACTIVE CERTIFICATE OF AUTHORITY:      |  |
| SIGNATURE OF AUTHORIZED REPRESENTATIVE OF INACTIVE CERTIFICATE OF AUTHORITY: |  |
| DATE SIGNED:   |  |