

PHYSICAL ADDRESS:
4276 Lomac Street
Montgomery, Alabama 36106

WEBSITE:
www.fsb.alabama.gov

E-MAIL ADDRESS:
info@fsb.alabama.gov



MAILING ADDRESS:
Post Office Box 309522
Montgomery, Alabama 36130

OFFICE TELEPHONE NUMBER:
334-242-4049

FAX NUMBER:
334-353-7988

CERTIFICATE OF AUTHORITY REPORT OF PRENEED ACTIVITY

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 Certificate of Authority, a report for each Branch Registrant must be submitted. Reports are due no later than 45 days after the last day of the reporting period. Any reports received after 45 days 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 period only.

WHAT FREQUENCY OF THE REPORTING PERIOD IS BEING REPORTED?					
Monthly	Quarterly	Semi-Annual	Annual		
IF MONTHLY , WHICH PERIOD IS BEING REPORTED?					
Jan (due Mar 17th)	Feb (due Apr 14th)	Mar (due May 15th)	Apr (due Jun 14th)	May (due Jul 15th)	Jun (due Aug 14th)
Jul (due Sep 14th)	Aug (due Oct 15th)	Sep (due Nov 14th)	Oct (due Dec 15th)	Nov (due Jan 14th)	Dec (due Feb 14th)
IF QUARTERLY , WHICH PERIOD IS BEING REPORTED?					
Jan-Mar (due May 15th)	Apr-Jun (Due Aug 14th)	Jul-Sep (due Nov 14th)	Oct-Dec (due Feb 14th)		
IF SEMI-ANNUAL , WHICH PERIOD IS BEING REPORTED?			WHAT CALENDAR YEAR IS BEING REPORTED?		
Jan-Jun (due Aug 14th)	Jul-Dec (Due Feb 14th)				
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):			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

PREPARER INFORMATION

WHAT TYPE OF INDIVIDUAL PREPARED THE REPORT FOR FILING?		
Company Representative	CPA/Bookkeeper	Other: _____
NAME OF PREPARER:		
PREPARER'S E-MAIL ADDRESS:	PREPARER'S TELEPHONE NUMBER:	

INSTRUCTIONS

1. In this report, add funding records which **ONLY** pertain to the entity that is being reported, i.e. the Certificate of Authority when filing a Certificate of Authority Report or the selected Branch Registrant when filing a Branch Registrant Report. Do not combine funding records for more than one licensed/registered entity.
2. If a Certificate of Authority is operating any additional locations under the same company name and the secondary location does not hold its own Certificate of Authority or Branch Registration, then the records should be combined and reported together.
3. If the Certificate of Authority only sells preneed through its Branch Registrants, the Certificate of Authority is still required to submit reports. These particular Certificates of Authority are to use the combined contract totals of all the Branch Registrants registered under the Certificate of Authority.

For example:

Certificate of Authority A does not sell preneed, but has two Branch Registrants, Branch B and Branch C. Branch B has 7 contracts with 2 written and 1 fulfilled. Branch C has 9 contracts with 3 written, 1 cancelled, and 4 fulfilled. Certificate of Authority A will be responsible for filing a Branch Registrant Report for each Branch Registrant, but also will be responsible for filing a Certificate of Authority Report showing 16 contracts, 5 written, 1 cancelled, and 5 fulfilled.

4. Report should be broken down by funding type, i.e. Trust, Insurance, Surety Bond, and Letter of Credit.
5. Do not rely solely on insurer policy listings or trust statements. The preneed log should contain most of the information necessary to complete this report. Use both the log and the statements to ensure accuracy of both the filing and the preneed log.

TRUST FUNDED

List a separate trust record for each account and submit the statement from each trust account used to fund post-law preneed contracts.

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

Ending Market Value: The total dollar amount of the trust at the end of the reporting period.

Deposits: The total dollar amount of preneed cunfs collected and deposited into the 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 total number of contracts at the beginning of the reporting period.

Written: The number of preneed contracts written since the last reporting period. If the Certificate of Authority is not trusting 100% and the contract is not paid-in-full, then the payments collected on some contracts may not be statutorily required to be deposited; however, these contracts should be included in the report as well.

Fulfilled: Any contracts funded with this trustee that have been fulfilled since the last reporting period.

Cancelled: The total number of contracts funded with this trustee that have been cancelled or transferred.

Ending Contracts: The total number of contracts at the end of the reporting period.

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

HAS THERE BEEN A CHANGE IN THE TRUSTEE SINCE THE LAST REPORTING PERIOD?		IF YES , WHO WAS THE FORMER TRUSTEE?	
Yes	No	HAS A NEW TRUST AGREEMENT BEEN APPROVED?	
		Yes	No
BEGINNING MARKET VALUE:	BEGINNING CONTRACTS:		
DEPOSITS:	WRITTEN:		
WITHDRAWALS:	FULFILLED:		
ENDING MARKET VALUE:	CANCELLED:		
VALUE CHANGE*:	ENDING CONTRACTS:		

***NET REALIZED AND UNREALIZED GAINS/LOSSES, INTEREST AND DIVIDENDS, TRUST PURCHASED INSURANCE - DEATH BENEFIT INCREASES (ADJUSTMENTS).**

INSURANCE FUNDED

List a separate insurance record for each insurance company and submit the policy listing from each insurance company used to fund post-law preneed contracts. **DO NOT include insurance purchased by a trust.** If the insurance is purchased by a trust, then the trust information and related preneed contracts should be included in the trustee record. Any preneed contracts in which the purchaser has provided as assignment to an insurance policy to cover the full amount of the preneed contract, list the insurer as "Pre-Owned Insurance". If the "pre-Owned Insurance" does not cover the full amount of the contract and the preneed contract purchaser merely received credit for the amount, then only report the contract under the ultimate funding method (trust, insurance, etc.) that was used to fund the net balance of the contract.

Face Value: The ultimate value of any annuities or the face value of life insurance in-force with this insurer used to fund preneed contracts. The face value initially purchased may not agree with the insurer policy listing as it will likely provide the current value of the annuity and the face value may or may not include additions or "bumps".

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:	
ADDRESS OF INSURER:	
INSURER'S E-MAIL ADDRESS:	INSURER'S TELEPHONE NUMBER:

FACE VALUE:	CANCELLED:
PREVIOUS CONTRACTS:	FULFILLED:
WRITTEN:	OUTSTANDING CONTRACTS:

SURETY BOND FUNDED

List a separate bond record for each surety bond and submit the statement from each surety bond, even if each bond is issued by the same insurer. Pre-law contracts being maintained in accordance with the Preneed Funeral and Cemetery Act of 2023 as if written post-law may be included in the report.

Issuer: The issuer of the surety bond.

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

Amount of Surety Bond: The total dollar amount of the surety bond as it appears on 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 or transferred 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 ISSUER:	
ADDRESS OF ISSUER:	
ISSUER'S E-MAIL ADDRESS:	ISSUER'S TELEPHONE NUMBER:

AMOUNT OF BOND:	BOND NUMBER:
OUTSTANDING LIABILITY:	CANCELLED:
PREVIOUS CONTRACTS:	FULFILLED:
WRITTEN:	OUTSTANDING CONTRACTS:

LETTER OF CREDIT FUNDED

List a separate Letter of Credit record for each letter of credit issued and submit the statement from each letter of credit, even if each letter of credit is issued by the same bank..

Issuer: the issuer of the Letter of Credit.

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 as it appears on 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 or transferred 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 ISSUER:	
ADDRESS OF ISSUER:	
ISSUER'S E-MAIL ADDRESS:	ISSUER'S TELEPHONE NUMBER:

AMOUNT OF LOC:	LOC NUMBER:
OUTSTANDING LIABILITY:	CANCELLED:
PREVIOUS CONTRACTS:	FULFILLED:
WRITTEN:	OUTSTANDING CONTRACTS:

TOTALS

Obtain the information for this section from your preneed contract sales log(s).

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 NUMBER OF ALL POST-LAW CONTRACTS OUTSTANDING FUNDED OR INTENDED TO BE FUNDED BY TRUST:	TOTAL NET SALES OF CONTRACTS:
TOTAL NUMBER OF ALL POST-LAW CONTRACTS OUTSTANDING FUNDED BY LIFE INSURANCE/ANNUITY:	TOTAL FACE VALUE:
TOTAL NUMBER OF ALL POST-LAW CONTRACTS OUTSTANDING FUNDED BY SURETY BOND:	TOTAL OUTSTANDING LIABILITY:
TOTAL NUMBER OF ALL POST-LAW CONTRACTS OUTSTANDING FUNDED BY LETTER OF CREDIT:	TOTAL OUTSTANDING LIABILITY:

TOTAL PREVIOUS CONTRACTS PER PRENEED LOG(S):	TOTAL CANCELLED CONTRACTS DURING REPORTING PERIOD:
TOTAL CONTRACTS WRITTEN DURING REPORTING PERIOD:	TOTAL FULFILLED CONTRACTS DURING REPORTING PERIOD:
TOTAL CONTRACTS OUTSTANDING PER PRENEED LOG(S):	TOTAL NET SALES OF ALL OUTSTANDING PRENEED CONTRACTS:

I, as the authorized representative of the 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 CERTIFICATE OF AUTHORITY:	
SIGNATURE OF AUTHORIZED REPRESENTATIVE OF CERTIFICATE OF AUTHORITY:	
DATE SIGNED:	