

PHYSICAL ADDRESS:
4276 Lomac Street
Montgomery, Alabama 36106

WEBSITE:
www.fab.alabama.gov

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



MAILING ADDRESS:
Post Office Box 309522
Montgomery, Alabama 36130

OFFICE TELEPHONE NUMBER:
(334) 242-4049

FAX NUMBER:
(334) 353-7988

REPORT OF PRENEED ACTIVITY

GENERAL INSTRUCTIONS PLEASE READ CAREFULLY

THIS REPORT IS FOR THE REPORTING OF **POST-LAW PRENEED CONTRACTS ONLY**.

1. EACH OF THE FOLLOWING PRENEED LICENSES MUST COMPLETE THIS REPORT AND SUBMIT TO THE BOARD **NO LATER THAN 45 DAYS AFTER THE LAST DAY OF THE REPORTING PERIOD (SEE DUE DATES BELOW):**
 - A. ACTIVE CERTIFICATE OF AUTHORITY LICENSE
 - B. ACTIVE BRANCH REGISTRANT LICENSE (MUST BE COMPLETED SEPARATELY FROM CERTIFICATE OF AUTHORITY LICENSE REPORT)
 - C. INACTIVE CERTIFICATE OF AUTHORITY LICENSE
 - D. INACTIVE BRANCH REGISTRANT LICENSES
2. THE PREPARER SHOULD REFER TO THE PRENEED CONTRACT SALES LOG AND THE STATEMENTS FROM THE INSURER(S) AND/OR TRUSTEE(S) TO COMPLETE THIS REPORT.
3. **THE PRENEED CONTRACT SALES LOG, AS WELL AS ALL STATEMENTS FROM THE INSURER(S) AND/OR TRUSTEE(S) MUST BE SUBMITTED TO THE BOARD WITH THIS REPORT.**
4. A COPY OF ANY SURETY BOND(S) AND/OR LETTER(S) OF CREDIT THAT ARE USED TO FUND PRENEED CONTRACTS MUST BE SUBMITTED TO THE BOARD WITH THIS REPORT.

THIS REPORT WILL NOT BE CONSIDERED COMPLETE BY THE BOARD UNTIL ALL STATEMENTS ARE RECEIVED. ANY REPORTS RECEIVED AFTER 45 DAYS WILL INCUR A \$50.00 PER DAY LATE PENALTY. **THESE PENALTIES MUST BE PAID BEFORE THE PRENEED LICENSE CAN BE RENEWED, SURRENDERED, OR TRANSFERRED.**

THIS REPORT SHOULD BE COMPLETED WITH THE INFORMATION FOR THE REPORTING PERIOD ONLY!

WHAT FREQUENCY OF THE REPORTING PERIOD IS BEING REPORTED?				WHAT CALENDAR YEAR IS BEING REPORTED?	
Monthly	Quarterly	Semi-Annual	Annual		
<u>IF MONTHLY</u> , 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)
<u>IF QUARTERLY</u> , 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)	
<u>IF SEMI-ANNUAL</u> , WHICH PERIOD IS BEING REPORTED?					
Jan-Jun (due Aug 14th)		Jul-Dec (due Feb 14th)			

REPORT OF PRENEED ACTIVITY

TYPE OF LICENSE SUBMITTING REPORT:	IF REPORT IS FOR A BRANCH REGISTRANT LICENSE , ENTER THE INFORMATION FOR THE CERTIFICATE OF AUTHORITY UNDER WHICH THE BRANCH REGISTRANT LICENSE IS REGISTERED BELOW:		
CERTIFICATE OF AUTHORITY	NAME OF CERTIFICATE OF AUTHORITY LICENSE:		CERTIFICATE OF AUTHORITY NUMBER:
BRANCH REGISTRANT			
TYPE OF PRENEED LICENSE:			
Active Certificate of Authority	Inactive Certificate of Authority	Active Branch Registrant	Inactive Branch Registrant
NAME OF PRENEED LICENSE:		PRENEED LICENSE'S E-MAIL ADDRESS:	
D/B/A NAME (if applicable):		PRENEED LICENSE'S TELEPHONE NUMBER:	
FULL MAILING ADDRESS OF PRENEED LICENSE (Street Number, Street Name, City, State, Zip Code):		PRENEED LICENSE NUMBER:	
		IF INACTIVE LICENSE , LAST KNOWN PRENEED LICENSE NUMBER:	

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:

REPORTING INSTRUCTIONS

PLEASE READ CAREFULLY

1. IN THIS REPORT, ADD FUNDING RECORDS WHICH **ONLY** PERTAIN TO THE ENTITY THAT IS BEING REPORTED, I.E. THE CERTIFICATE OF AUTHORITY LICENSE 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 LICENSE IS OPERATING ANY ADDITIONAL LOCATIONS UNDER THE SAME COMPANY NAME AND THE SECONDARY LOCATION DOES NOT HOLD ITS OWN CERTIFICATE OF AUTHORITY OR BRANCH REGISTRANT LICENSE, THEN THE RECORDS SHOULD BE COMBINED AND REPORTED TOGETHER.
3. REPORT SHOULD BE BROKEN DOWN BY FUNDING TYPE, I.E. TRUST, INSURANCE, SURETY BOND, AND LETTER OF CREDIT.
4. DO NOT RELY SOLELY ON INSURER POLICY LISTINGS OR TRUST STATEMENTS TO COMPLETE REPORT. 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 REPORT AND THE COMPANY RECORD KEEPING.

REPORT OF PRENEED ACTIVITY

This page can be copied as many times as necessary. Please indicate at the bottom of each page the page number and the total number of pages.

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 funds collected and deposited into trust during the reporting period. If the preneed license is not trusting 100% of the funds collected on preneed contracts 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.

WITHDRAWALS: The total dollar amount of funds withdrawn from the trust during the reporting period.

BEGINNING CONTRACTS: The total number of preneed contracts outstanding at the beginning of the reporting period.

WRITTEN: The total number of preneed contracts written during the reporting period and funded with this trustee.

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 preneed contracts outstanding at the end of the reporting period.

NAME OF TRUSTEE:	
FULL ADDRESS OF TRUSTEE (Street Number, Street Name, City, State, Zip Code):	TRUSTEE'S E-MAIL ADDRESS:
	TRUSTEE'S TELEPHONE NUMBER:
HAS THERE BEEN A CHANGE IN THE TRUSTEE SINCE THE LAST REPORTING PERIOD? Yes No	<u>IF YES</u> , WHAT WAS THE NAME OF THE FORMER TRUSTEE?

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).**

REPORT OF PRENEED ACTIVITY

This page can be copied as many times as necessary. Please indicate at the bottom of each page the page number and the total number of pages.

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.

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 outstanding at the beginning of the reporting period.

WRITTEN: The total number of preneed contracts written with the insurer during the reporting period.

CANCELLED: The total number of preneed contracts written with the insurer that have been cancelled during the reporting period (lapsed, cancelled, terminated, no longer in-force) but not paid out to the Certificate Holder.

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

OUTSTANDING CONTRACTS: The total number of preneed contracts funded with the insurer that remain outstanding/in-force at the end of the reporting period.

NAME OF INSURER:	
FULL ADDRESS OF INSURER (Street Number, Street Name, City, State, Zip Code):	INSURER'S E-MAIL ADDRESS:
	INSURER'S TELEPHONE NUMBER:

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

REPORT OF PRENEED ACTIVITY

This page can be copied as many times as necessary. Please indicate at the bottom of each page the page number and the total number of pages.

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 ALABAMA PRENEED FUNERAL AND CEMETERY ACT OF 2023 AS IF WRITTEN POST-LAW MUST BE INCLUDED IN THIS REPORT.

ISSUER: The issuer of the surety bond.

BOND 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 total 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 at the end of the reporting period.

PREVIOUS CONTRACTS: The total number of preneed contracts outstanding 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 during the reporting period. The contracts should be included in the Outstanding Liability.

FULFILLED: The total number of preneed contracts which were originally covered by the surety bond but which have been fulfilled during the reporting period.

CANCELLED: The total number of preneed contracts which were originally covered by the surety bond but which have been cancelled or transferred during the reporting period.

OUTSTANDING CONTRACTS: The total number of preneed contracts covered by the surety bond that remain outstanding/in-force at the end of the reporting period.

NAME OF ISSUER:	
FULL ADDRESS OF ISSUER (Street Number, Street Name, City, State, Zip Code):	ISSUER'S E-MAIL ADDRESS:
	ISSUER'S TELEPHONE NUMBER:

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

REPORT OF PRENEED ACTIVITY

This page can be copied as many times as necessary. Please indicate at the bottom of each page the page number and the total number of pages.

LETTER OF CREDIT FUNDED

LIST A LETTER OF CREDIT RECORD FOR EACH LETTER OF CREDIT AND SUBMIT THE STATEMENT FROM EACH LETTER OF CREDIT, EVEN IF EACH LETTER OF CREDIT IS ISSUED BY THE SAME BANK. PRE-LAW CONTRACTS BEING MAINTAINED IN ACCORDANCE WITH THE ALABAMA PRENEED FUNERAL AND CEMETERY ACT OF 2023 AS IF WRITTEN POST-LAW MUST BE INCLUDED IN THIS REPORT.

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 LIABILLITY: The total 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 at the end of the reporting period.

PREVIOUS CONTRACTS: The total number of preneed contracts outstanding 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 during the reporting period. The contracts should be included in the Outstanding Liability.

FULFILLED: The total number of preneed contracts which were originally covered by the letter of credit but which have been fulfilled during the reporting period.

CANCELLED: The total number of preneed contracts which were originally covered by the letter of credit but which have been cancelled or transferred during the reporting period.

OUTSTANDING CONTRACTS: The total number of preneed contracts covered by the letter of credit that remain outstanding/in-force at the end of the reporting period.

NAME OF ISSUER:	
FULL ADDRESS OF ISSUER (Street Number, Street Name, City, State, Zip Code):	ISSUER'S E-MAIL ADDRESS:
	ISSUER'S TELEPHONE NUBER:

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

REPORT OF PRENEED ACTIVITY

TOTALS

ENTER THE TOTALS FROM ALL PAGES IN THIS REPORT IN THE TOTALS FIELDS BELOW.

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

TOTAL PREVIOUS CONTRACTS:	TOTAL CONTRACTS FULFILLED DURING REPORTING PERIOD:
TOTAL CONTRACTS WRITTEN DURING REPORTING PERIOD:	TOTAL CONTRACTS OUTSTANDING AT END OF REPORTING PERIOD:
TOTAL CONTRACTS CANCELLED DURING REPORTING PERIOD:	TOTAL NET SALES OF ALL OUTSTANDING PRENEED CONTRACTS:

By signing below, the authorized representative of the preneed license for whom this report is submitted certifies that the information provided herein is true and correct to the best of his or her knowledge and belief. The authorized representative further certifies that he or she has complied with the requirements of Chapter 34-13 of the Code of Alabama 1975. The authorized representative understands 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. Lastly, the authorized representatives certifies that he or she has the authority to sign on behalf of the preneed license holder.

NAME OF AUTHORIZED REPRESENTATIVE OF THE PRENEED LICENSE:	
SIGNATURE OF AUTHORIZED REPRESENTATIVE OF THE PRENEED LICENSE:	
DATE SIGNED:	