



KAY IVEY
GOVERNOR

ALABAMA BOARD OF FUNERAL SERVICES

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CHARLES PERINE
DIRECTOR

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 **ON OR BEFORE THE DUE DATE LISTED 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 LICENSE
2. THE PREPARER SHOULD REFER TO THE PRENEED CONTRACT SALES LOG TO COMPLETE THE MAJORITY OF THIS REPORT. THE STATEMENTS FROM THE INSURER(S) AND/OR TRUSTEE(S) SHOULD BE REFERENCED TO ENSURE ACCURACY OF LOG.
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 THE DUE DATE 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 YEAR ONLY!

WHAT CALENDAR YEAR IS BEING REPORTED:							
WHAT FREQUENCY OF THE REPORTING PERIOD IS BEING REPORTED? (check one)							
Monthly		Quarterly		Semi-Annual		Annual (due Apr 1 st)	
IF MONTHLY , WHICH PERIOD IS BEING REPORTED? (check one)							
Jan (due Mar 17 th)	Feb (due Apr 14 th)	Mar (due May 15 th)	Apr (due Jun 14 th)	May (due Jul 15 th)	Jun (due Aug 14 th)		
Jul (due Sep 14 th)	Aug (due Oct 15 th)	Sep (due Nov 14 th)	Oct (due Dec 15 th)	Nov (due Jan 14 th)	Dec (due Feb 14 th)		
IF QUARTERLY , WHICH REPORTING PERIOD IS BEING REPORTED? (check one)							
Jan-Mar (due May 15 th)		Apr-Jun (due Aug 14 th)		Jul-Sep (due Nov 14 th)		Oct-Dec (due Feb 14 th)	
IF SEMI-ANNUAL , WHICH REPORTING PERIOD IS BEING REPORTED? (check one)							
Jan-Jun (due Aug 14 th)				Jul-Dec (due Feb 14 th)			

REPORTING LICENSE TYPE:	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	
BRANCH REGISTRANT	
NAME OF CERTIFICATE OF AUTHORITY LICENSE UNDER WHICH THE BRANCH REGISTRANT LICENSE WILL BE REGISTERED:	
CERTIFICATE OF AUTHORITY LICENSE NUMBER:	

TYPE OF PRENEED LICENSE (check one):			
<input type="checkbox"/> Active Certificate of Authority	<input type="checkbox"/> Inactive Certificate of Authority	<input type="checkbox"/> Active Branch Registrant	<input type="checkbox"/> Inactive Branch Registrant

NAME OF BUSINESS ENTITY APPLYING FOR PRENEED LICENSE:

D/B/A NAME (if applicable):

FULL MAILING ADDRESS (street number, street name, city, state, zip code):	BUSINESS ENTITY'S E-MAIL ADDRESS:
	BUSINESS ENTITY'S TELEPHONE NUMBER:

FULL PHYSICAL ADDRESS (if different from mailing address):	PRENEED LICENSE NUMBER:
	IF INACTIVE , LAST KNOWN PRENEED LICENSE NUMBER:

IS THE BUSINESS ENTITY OPERATING AT MORE THAN ONE LOCATION UNDER A COMMON BUSINESS ENTERPRISE WITH THE SAME NAME AS THE PRENEED LICENSE NAMED ABOVE? IF YES , SUBMIT A LIST OF EACH LOCATION WITH THIS APPLICATION THAT INCLUDES THE PHYSICAL ADDRESS OF EACH LOCATION. MAKE SURE THAT THE FIGURES REPORTED IN THIS REPORT REFLECT PRENEED ACTIVITY FROM ALL LOCATIONS OPERATING WITH THE SAME NAME.	Yes
	No

WHAT TYPE OF INDIVIDUAL PREPARED THE REPORT FOR FILING?		
<input type="checkbox"/> Company Representative	<input type="checkbox"/> CPA/Bookkeeper	<input type="checkbox"/> Other:

NAME OF PREPARER:

PREPARER'S E-MAIL ADDRESS:	PREPARER'S TELEPHONE NUMBER:
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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 LICENSE WHEN FILING A BRANCH REGISTRANT REPORT. DO NOT COMBINE FUNDING RECORDS FOR MORE THAN ONE LICENSED 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. THE 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 NOT CONTAIN MOST OF THE INFORMATION NECESSARY TO COMPLETE THIS REPORT. USE BOTH THE LOG AND STATEMENTS TO ENSURE ACCURACY OF BOTH THE REPORT AND THE COMPANY RECORD KEEPING.

BY CHECKING THIS BOX, YOU ATTEST THAT YOU HAVE READ AND UNDERSTAND THE REPORTING INSTRUCTIONS:	
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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.	
<ol style="list-style-type: none"> 1. <u>BEGINNING MARKET VALUE</u>: The total dollar amount of the trust at the beginning of the reporting period. 2. <u>ENDING MARKET VALUE</u>: The total dollar amount of the trust at the end of the reporting period. 3. <u>DEPOSITS</u>: 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. 4. <u>WITHDRAWALS</u>: The total dollar amount of funds withdrawn from the trust during the reporting period. 5. <u>BEGINNING CONTRACTS</u>: The total number of preneed contracts outstanding at the beginning of the reporting period that are funded with this trustee. 6. <u>WRITTEN</u>: The total number of preneed contracts written during the reporting period and funded with this trustee. 7. <u>FULFILLED</u>: Any contracts funded with this trustee that have been fulfilled since the last reporting period. 8. <u>CANCELLED/TRANSFERRED OUT</u>: The total number of contracts funded with this trustee that have been cancelled or transferred out during the reporting period. 9. <u>ENDING CONTRACTS</u>: The total number of preneed contracts outstanding at the end of the reporting period. 10. <u>VALUE CHANGE</u>: Net realized and unrealized gains/losses, interest and dividends, trust purchased insurance, death benefit increases (adjustments). 	
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? IF YES , WHAT WAS THE NAME OF THE FORMER TRUSTEE?	
	Yes
	No
BEGINNING MARKET VALUE:	BEGINNING CONTRACTS:
DEPOSITS:	WRITTEN:
WITHDRAWALS:	FULFILLED:
ENDING MARKET VALUE:	CANCELLED/TRANSFERRED OUT:
VALUE CHANGE:	ENDING CONTRACTS:

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

<p>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. <u>DO NOT INCLUDE INSURANCE PURCHASED BY TRUST.</u> IF THE INSURANCE IS PURCHASED BY A TRUST, THEN THE TRUST INFORMATION AND RELATED PRENEED CONTRACTS SHOULD BE INCLUDED IN THE TRUSTEE RECORD.</p>	
<ol style="list-style-type: none"> 1. <u>BEGINNING CONTRACTS:</u> The total number of preneed contracts outstanding at the beginning of the reporting period that are funded with this insurer. 2. <u>WRITTEN:</u> The total number of preneed contracts written during the reporting period and funded with this insurer. 3. <u>FULFILLED:</u> Any contracts funded with this insurer that have been fulfilled since the last reporting period. 4. <u>CANCELLED/TRANSFERRED OUT:</u> The total number of contracts funded with this insurer that have been cancelled or transferred out during the reporting period. 5. <u>ENDING CONTRACTS:</u> The total number of preneed contracts outstanding at the end of the reporting period that are funded with this insurer. 6. <u>FACE VALUE:</u> The ultimate value of any annuities or the face value of life insurance in force with this insurer used to fund preneed contracts at the end of the reporting period. 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". 	
<p>NAME OF INSURER:</p>	
<p>FULL ADDRESS OF INSURER (street number, street name, city, state, zip code):</p>	<p>INSURER'S E-MAIL ADDRESS:</p>
	<p>INSURER'S TELEPHONE NUMBER:</p>
<p>BEGINNING CONTRACTS:</p>	<p>FULFILLED:</p>
<p>WRITTEN:</p>	<p>ENDING CONTRACTS:</p>
<p>CANCELLED/TRANSFERRED OUT:</p>	<p>FACE VALUE:</p>

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

<p>LIST A SURETY BOND RECORD FOR EACH SURETY BOND AND SUBMIT THE STATEMENT FROM EACH SURETY BOND, EVEN IF EACH SURETY 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.</p>	
<ol style="list-style-type: none"> 1. <u>ISSUER</u>: The issuer of the surety bond. 2. <u>BOND NUMBER</u>: The surety bond as it appears on the surety bond. 3. <u>AMOUNT OF BOND</u>: The total dollar amount of the surety bond as it appears on the surety bond. 4. <u>OUTSTANDING LIABILITY</u>: 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 this surety bond at the end of the reporting period. 5. <u>BEGINNING CONTRACTS</u>: The total number of preneed contracts outstanding at the beginning of the reporting period that are funded with this surety bond. 6. <u>WRITTEN</u>: The total number of preneed contracts which were written and covered by this surety bond during the reporting period. The contracts should be included in the outstanding liability. 7. <u>FULFILLED</u>: Any contracts funded with this surety bond that have been fulfilled since the last reporting period. 8. <u>CANCELLED/TRANSFERRED OUT</u>: The total number of contracts which were originally funded with this surety bond, but which have been cancelled or transferred out during the reporting period. 9. <u>ENDING CONTRACTS</u>: The total number of preneed contracts covered by this surety bond that remain outstanding at the end of the reporting period. 	
<p>NAME OF ISSUER:</p>	
<p>FULL ADDRESS OF ISSUER (street number, street name, city, state, zip code):</p>	<p>ISSUER'S E-MAIL ADDRESS:</p>
	<p>ISSUER'S TELEPHONE NUMBER:</p>
<p>AMOUNT OF BOND:</p>	<p>BOND NUMBER:</p>
<p>OUTSTANDING LIABILITY:</p>	<p>CANCELLED/TRANSFERRED OUT:</p>
<p>BEGINNING CONTRACTS:</p>	<p>FULFILLED:</p>
<p>WRITTEN:</p>	<p>ENDING CONTRACTS:</p>

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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.

1. **ISSUER:** The issuer of the letter of credit.
2. **LOC NUMBER:** The letter of credit number as it appears on the letter of credit.
3. **AMOUNT OF LOC:** The total dollar amount of the letter of credit as it appears on the letter of credit.
4. **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 this letter of credit at the end of the reporting period.
5. **BEGINNING CONTRACTS:** The total number of preneed contracts outstanding at the beginning of the reporting period that are funded with this letter of credit.
6. **WRITTEN:** The total number of preneed contracts which were written and covered by this letter of credit during the reporting period. The contracts should be included in the outstanding liability.
7. **FULFILLED:** Any contracts funded with this letter of credit that have been fulfilled since the last reporting period.
8. **CANCELLED/TRANSFERRED OUT:** The total number of contracts which were originally funded with this letter of credit, but which have been cancelled or transferred out during the reporting period.
9. **ENDING CONTRACTS:** The total number of preneed contracts covered by this letter of credit that remain outstanding 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 LOC:	LOC NUMBER:
OUTSTANDING LIABILITY:	CANCELLED/TRANSFERRED OUT:
BEGINNING CONTRACTS:	FULFILLED:
WRITTEN:	ENDING CONTRACTS:

TOTALS AND SIGNATURE

ENTER THE TOTALS FROM ALL PAGES IN THIS REPORT IN THE TOTALS FIELDS BELOW.	
1. <u>NET SALES OF ALL ENDING CONTRACTS</u> : The total retail value of all outstanding post-law preneed contracts (including any pre-law contracts being maintained as if written as a post-law contract), regardless of the funding method or whether paid-in-full, less any discounts or credits for insurance applied to the contract.	
TOTAL NUMBER OF <u>ENDING CONTRACTS</u> FOR ALL POST-LAW CONTRACTS OUTSTANDING THAT ARE FUNDED OR INTENDED TO BE FUNDED BY TRUST (page 4):	TOTAL NET SALES AMOUNT OF <u>ENDING CONTRACTS</u> FOR ALL POST-LAW CONTRACTS OUTSTANDING THAT ARE FUNDED OR INTENDED TO BE FUNDED BY TRUST:
TOTAL NUMBER OF <u>ENDING CONTRACTS</u> FOR ALL POST-LAW CONTRACTS OUTSTANDING THAT ARE FUNDED OR INTENDED TO BE FUNDED BY LIFE INSURANCE (page 5):	TOTAL <u>FACE VALUE OF ENDING CONTRACTS</u> FOR ALL POST-LAW CONTRACTS OUTSTANDING THAT ARE FUNDED OR INTENDED TO BE FUNDED BY LIFE INSURANCE (page 5):
TOTAL NUMBER OF <u>ENDING CONTRACTS</u> FOR ALL POST-LAW CONTRACTS OUTSTANDING THAT ARE FUNDED OR INTENDED TO BE FUNDED BY SURETY BOND (page 6):	TOTAL <u>OUTSTANDING LIABILITY OF ENDING CONTRACTS</u> FOR ALL POST-LAW CONTRACTS THAT ARE FUNDED OR INTENDED TO BE FUNDED BY SURETY BOND (page 6):
TOTAL NUMBER OF <u>ENDING CONTRACTS</u> FOR ALL POST-LAW CONTRACTS OUTSTANDING THAT ARE FUNDED OR INTENDED TO BE FUNDED BY LETTER OF CREDIT (page 7):	TOTAL <u>OUTSTANDING LIABILITY OF ENDING CONTRACTS</u> FOR ALL POST-LAW CONTRACTS THAT ARE FUNDED OR INTENDED TO BE FUNDED BY LETTER OF CREDIT (page 7):
TOTAL <u>BEGINNING CONTRACTS</u>:	TOTAL <u>FULFILLED CONTRACTS</u>:
TOTAL <u>WRITTEN CONTRACTS</u>:	TOTAL <u>ENDING CONTRACTS</u>:
TOTAL <u>CANCELLED/TRANSFERRED OUT CONTRACTS</u>:	TOTAL NET SALES OF ALL <u>ENDING CONTRACTS</u>:

BY SIGNING BELOW, THE PREPARER OF THIS REPORT CERTIFIES THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF. THE PREPARER FURTHER CERTIFIES THAT HE OR SHE HAS COMPLIED WITH THE REQUIREMENTS OF CHAPTER 34-13 OF THE CODE OF ALABAMA 1975. THE PREPARER 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 PREPARER CERTIFIES THAT HE OR SHE HAS THE AUTHORITY TO SUBMIT THIS REPORT ON BEHALF OF THE PRENEED LICENSE HOLDER.

SIGNATURE OF PREPARER:

DATE SIGNED: