



**ALABAMA DEPARTMENT OF INSURANCE**

Preneed Division  
201 Monroe Street, Suite 502  
Montgomery, AL 36130-3351

**ENDOWMENT CARE CEMETERY ANNUAL REPORT**

**CURRENT YEAR\* ENDING DECEMBER 31, 20\_\_\_\_\_**

FORM AL-PNE-A (REVISED 3/16)

THIS REPORT MUST BE RECEIVED BY THE ALABAMA DEPARTMENT OF INSURANCE WITHIN NINETY (90) DAYS AFTER THE END OF THE *CURRENT YEAR\**

NAME OF ENDOWMENT CARE CEMETERY (ECC) \_\_\_\_\_ PRENEED COA # (IF APPLICABLE) \_\_\_\_\_

ADDRESS OF ECC \_\_\_\_\_ PHONE# \_\_\_\_\_

ECC CONTACT PERSON NAME/TITLE: \_\_\_\_\_

**ECC CONTACT PERSON E-MAIL (REQUIRED):** \_\_\_\_\_

In the future correspondence will be through e-mail. The Preneed Division is going paperless. Next year, you will receive account log-in information and will submit this report electronically.

**IF TRUSTEE IS A FINANCIAL INSTITUTION:**

TRUSTEE'S NAME: \_\_\_\_\_

ADDRESS OF TRUSTEE \_\_\_\_\_

Have you changed trustee(s) since your last report? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, who was the former trustee(s)? \_\_\_\_\_  
What date was the trust agreement approved by the Department? \_\_\_\_\_ (month/day/year).  
**Attach page 1 of the trust agreement stamped approved in 2015. If it was not filed during 2015, include the entire agreement with this report.**

**IF BOARD OF TRUSTEES, LIST MEMBERS BELOW:**

(IF MORE THAN 3 MEMBERS, ATTACH SEPARATE SHEET)

**YOU MUST PROVIDE EACH BOND TO THE DEPARTMENT OR PROVIDE EVIDENCE OF EXEMPTION STATUS.**

MEMBER'S NAME: \_\_\_\_\_

MEMBER'S BOND COMPANY: \_\_\_\_\_

BOND NUMBER(S): # \_\_\_\_\_ AMOUNT OF BOND: \$ \_\_\_\_\_

MEMBER'S NAME: \_\_\_\_\_

MEMBER'S BOND COMPANY: \_\_\_\_\_

BOND NUMBER(S): # \_\_\_\_\_ AMOUNT OF BOND: \$ \_\_\_\_\_

MEMBER'S NAME: \_\_\_\_\_

MEMBER'S BOND COMPANY: \_\_\_\_\_

BOND NUMBER(S): # \_\_\_\_\_ AMOUNT OF BOND: \$ \_\_\_\_\_

**TOTAL DEPOSITS FROM THE EARLIER OF INCEPTION OR MAY 1, 2002, THROUGH END OF CURRENT YEAR\* \$ \_\_\_\_\_**

**MARKET VALUE AS OF END OF CURRENT YEAR\* \$ \_\_\_\_\_**

\*Current Year is the calendar year immediately preceding the year you are filing this report.

**ENDOWMENT CARE CEMETERY – ANNUAL REPORT**

**CURRENT YEAR\* ENDING DECEMBER 31, 20\_\_\_\_\_**

FORM AL-PNE-A (REVISED 3/16)

**Number of Interment Rights Sold During the *Current Year*\*:** \_\_\_\_\_

**Dollar Amount of Interment Rights Sold During the *Current Year*\* \$** \_\_\_\_\_

**Total Endowment Care Trust Deposits for the *Current Year*\* \$** \_\_\_\_\_

**\*Current Year** is the calendar year immediately preceding the year you are filing this report.

Interment Right Type	# Sold	Total Sales	# Paid in Full	Paid in Full Sales	Amount Deposited in EC Trust
Grave/Lawn Crypt Space		\$		\$	\$
Mausoleum Crypt/Niche		\$		\$	\$

Only include *Current Year*\* information in the chart above.

Is the ECC part of a combination operation with a funeral home? Yes \_\_\_\_\_ No \_\_\_\_\_

**Prior** to the effective date of the Alabama Preneed Funeral and Cemetery Act, **May 1, 2002**, did the ECC engage in the sale of Preneed Contracts? Yes \_\_\_\_\_ No \_\_\_\_\_

**After** the Alabama Preneed Funeral and Cemetery Act went into effect on **May 1, 2002**, did the ECC engage in the sale of Preneed Contracts? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the ECC ever held or does it currently hold a Preneed Certificate of Authority? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, provide the certificate # and the name that was/is listed on the certificate. COA # \_\_\_\_\_

Former/Current COA Name \_\_\_\_\_

**Per Section 27-17A-52, Code of Alabama 1975, you must file with this report, the most recent annual statement(s) provided by the trustee(s) to the cemetery, which completely discloses all activity and detailed fund investments for the *Current Year*.\***

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, I hereby certify, to the best of my knowledge and belief, that the cemetery authority identified herein is in compliance with the Code of Ala. §§ 27-17A-45 through 27-17A-56.

I understand that effective January 1, 2015, the amount required to be trusted for Endowment Care will be based on the “schedule of all charges,” required to be posted under ALA. CODE § 8-30-2. I further understand that it is my responsibility to maintain evidence of the “schedule of all charges” posted on the date of any interment right sale and make such evidence available to the Department or Examiner thereof for inspection.

I understand that any person who knowingly presents false or fraudulent information to the Commissioner of Insurance or his representative, willfully fails to timely make deposits, 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.

\_\_\_\_\_  
Signature of Officer or Owner of Cemetery Authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Mail to:**  
**PRENEED DIVISION**  
**P. O. BOX 303351**  
**MONTGOMERY, AL 36130-3351**

<p><b>THIS REPORT IS INCOMPLETE UNLESS ACCOMPANIED BY ALL OF THE FOLLOWING:</b></p> <p>(1) Completed Report;                  (2) Annual Statement Of Trust Activity;                  (3) Trust Agreement for Approval of Page 1 of an Agreement Approved in 2015                  (4) If Managed By A Board Of Trustees, A Copy Of Each Board Member’s Current Bond; And                  (5) Cemetery Property Sales Log (If Requested).</p>
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Visit [www.aldoi.gov/preneed](http://www.aldoi.gov/preneed) for the most current forms and information.