



ALABAMA DEPARTMENT OF INSURANCE

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

Type of Inactive Branch Registrant (Check appropriate box below)	
<input type="checkbox"/>	Funeral Establishment
<input type="checkbox"/>	Cemetery Authority
<input type="checkbox"/>	Combination Funeral/Cemetery
<input type="checkbox"/>	Third-Party Seller

INACTIVE CERTIFICATE HOLDER ANNUAL REPORT

CURRENT YEAR* ENDING DECEMBER 31, 20 _____

Form AL-PNI-A (REVISED 3-2016)

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

Name of Inactive Certificate Holder

Inactive Certificate Number

Address of Inactive Certificate Holder

Date Became Inactive

POST-LAW CONTRACTS ONLY

PRENEED TRUST FUNDS: Has there been a change in the trustee since the last reporting period? Yes ____ No ____
If Yes, who was former trustee(s)? _____ New Trust Agreement Approved? Yes ____ No ____
As of end of the current period checked above, what was the **total number** of all **post-law** preneed contracts outstanding **funded or intended to be funded** by trust? _____ Net Sales of contract funded or intended to be funded by trust? \$ _____

Trustee	Total Deposits	Adjustments^	Trust Value	# of Contracts
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

^Net Realized & Unrealized Gains/Losses, Interest and Dividends, Trust Purchased Insurance - Death Benefit Increases (Adjustments).

LIFE INSURANCE AND/OR ANNUITY: (Exclude trust purchased insurance). As of end of the current period checked above, what was the **total #** of outstanding **post-law** preneed contracts funded by life insurance/annuity? _____ **Total Face Value?** \$ _____

Insurer	Total Face Value	# of Contracts
	\$	
	\$	
	\$	
	\$	

LETTER OF CREDIT: As of end of the current period checked above, what was the **total number** of all **post-law** preneed contracts outstanding in which the funding method is Letter of Credit? _____ Outstanding Liability: \$ _____

LOC Issuer	Amount of LOC	Outstanding Liability	# of Contracts

SURETY BOND: As of end of the current period checked above, what was the **total number** of all **post-law** preneed contracts outstanding in which the funding method is Surety Bond(s)? _____ Outstanding Liability: \$ _____

Surety Bond Issuer (Insurer)	Amount	Outstanding Liability	# of Contracts
	\$	\$	
	\$	\$	

TOTAL POST-LAW PRENEED CONTRACTS OUTSTANDING AS OF THE END OF THE CURRENT YEAR*: _____
Note: This total is obtained by adding the number of contracts from each funding method above; it should agree with the total number of post-law contracts calculated on page 2.

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

Use additional sheets as necessary so that each trustee or insurer may be individually listed.

NUMBER OF OUTSTANDING PRENEED POST-LAW CONTRACTS	
	<u>Number</u>
Preneed Contracts Outstanding At End Of Prior Year #	_____
Preneed Contracts Written During Current Year*	_____
Preneed Contracts Cancelled During Current Year*	_____
Preneed Contracts Fulfilled During Current Year*	_____
Preneed Contracts Outstanding At End Of Current Year*	_____
Note: This total should agree with the total from the bottom of page 1.	

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

#**Prior Year** is the calendar year immediately preceding the *Current Year*.

State the **Net Sales** Amount of all **Post-Law** Preneed Contracts Outstanding at the end of the Period checked at the top of Page 1: \$ _____

Note: Net Sales is the total retail value of all outstanding Post-Law contracts, regardless of funding mechanism or whether paid-in-full, less any discounts or credit for insurance applied to the contracts.

Have any preneed contracts been written/sold since the preneed entity became inactive? Yes _____ No _____
(If the answer is "Yes", please attach an explanation.)

Have all funds collected on preneed contracts been handled in accordance with the preneed law and regulations?
Yes _____ No _____ (If the answer is "No", please attach an explanation.)

This report should be accompanied by documentation for the Current Year*. Documentation includes Statement of Activity of the Trust, furnished by your Trustee(s), for each post-law merchandise & services trust account; detailed policy listing from each insurer; liability report(s) for preneed contracts funded by Letter(s) of Credit and/or Surety Bond(s). **This report is not complete without the required documentation.**

This report should only include information for the certificate holder. Branch reports should be submitted for each branch.

PLEASE SIGN AND DATE BELOW.

I hereby certify that the information provided in this Inactive Branch Registrant Annual Report is true and correct to the best of my knowledge and belief and that I have personally reviewed all answers and information provided. 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 Inactive Certificate Holder or Authorized Representative

Date

Print Name

E-mail Address

Phone Number

<p><u>MAIL COMPLETED REPORT TO:</u> PRENEED DIVISION P. O. BOX 303351 MONTGOMERY, AL 36130-3351</p>
--

Visit www.aldoi.gov/preneed for the most current forms and information.