



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 4/15)

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)

ADDRESS OF ECC

TELEPHONE NUMBER OF ECC

PRENEED CERTIFICATE # (IF APPLICABLE)

ECC CONTACT PERSON NAME/TITLE: _____

ECC CONTACT PERSON E-MAIL: _____

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. If it has not been filed for approval, include the entire agreement with this report.

IF BOARD OF TRUSTEES, LIST MEMBERS BELOW:

(IF MORE THAN 3 MEMBERS, ATTACH SEPARATE SHEET)

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: \$ _____

Amount Held By Trustee for ECC Prior Year End # \$ _____

Amount Held By Trustee for ECC Current Year End* \$ _____

*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.

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