



ALABAMA DEPARTMENT OF INSURANCE

Preneed Division
201 Monroe Street, Suite 502
Montgomery, AL 36104

Reporting Year: _____
(Choose the quarter below)
Quarter 1: January 1 - March 31
Quarter 2: April 1 - June 30
Quarter 3: July 1 - September 30
Quarter 4: October 1 - December 31

Branch Registrant Quarterly Report of Preneed Activity

Form AL-PNB-Q (revised 1/2020)

THIS REPORT MUST BE POSTMARKED OR RECEIVED BY THE ALABAMA DEPARTMENT OF INSURANCE NO LATER THAN 45 DAYS FOLLOWING THE END OF THE PERIOD CHECKED ABOVE.

NAME OF BRANCH REGISTRANT BRANCH #
PRENEED CERTIFICATE HOLDER CERTIFICATE OF AUTHORITY #
Address Phone Number

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 the former trustee(s)? ___ New Trust Agreement Approved? Yes ___ No ___
As of end of the current period check 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? \$ ___

Table with 11 columns: Trustee, Beginning Value, Ending Value, Value^ Change, Deposits, Withdrawals, Previous, Written, Cancelled, Fulfilled, Total 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? \$ ___

Table with 7 columns: Insurer, Face Value, Previous, Written, Cancelled, Fulfilled, Total Contracts

LETTER OF CREDIT: As of the 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: \$ ___

Table with 7 columns: LOC Issuer, Amount of LOC, Outstanding Liability, Previous, Written, Cancelled, Fulfilled, Total 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: \$ ___

Table with 7 columns: Surety Bond Issuer (Insurer), Amount, Outstanding Liability, Previous, Written, Cancelled, Fulfilled, Total Contracts

TOTAL POST-LAW PRENEED CONTRACTS OUTSTANDING AS OF THE END OF THE CURRENT REPORTING PERIOD: _____

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.

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

Certificate Holder Semi-Annual Report of Preneed Activity

POST-LAW CONTRACTS ONLY

| NUMBER OF OUTSTANDING PRENEED POST-LAW CONTRACTS | |
|---|---------------|
| | <u>Number</u> |
| Preneed Contracts Outstanding at End of Prior Period | _____ |
| Preneed Contracts Written During Period Checked on Page 1 | _____ |
| Preneed Contracts Cancelled During Period Checked on Page 1 | _____ |
| Preneed Contracts Fulfilled During Period Checked on Page 1 | _____ |
| Total Contracts | _____ |

Note: This total should agree with the total from the bottom of Page 1

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.

Has there been a change in the Company's funding method since the last reporting period? Yes _____ No _____
If the answer is yes, what was the previous funding method? _____

This report should be accompanied by documentation for the period checked on page 1.

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, as the certificate holder or the representative authorized to sign on behalf of the certificate holder, certify that the above information is true and correct to the best of my knowledge and belief. I certify that I have complied with all of the requirements of Chapter 27-17A, Code of Alabama, 1975. 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 to 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.

Signature of Certificate Holder or Authorized Representative

Date

Print Name

Phone Number

E-mail Address

Prepared by (if different from above):

MAIL COMPLETED REPORT TO:
ALABAMA DEPARTMENT OF INSURANCE
PRENEED SECTION
P.O. BOX 303351
MONTGOMERY, AL 36130-3351

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