ONLINE RENEWAL INSTRUCTIONS

All Preneed COA and Branch Registration renewals must be submitted online. Upon clicking the link for ALDOI-Preneed Online you will see the below screen. You must enter your Company # which is your Certificate of Authority number. Your password was originally provided in an e-mail. If you did not receive a password or have forgotten it, contact the Preneed Section at (334)240-4420 or preneed@insurance.alabama.gov.

**ALDOI Preneed Online**

The Alabama Department of Insurance requires Preneed and Endowment Care reports, Preneed renewal applications, and payment of Preneed renewal invoices to be submitted through ALDOI - Preneed Online, as applicable, by Preneed Certificate Holders (active/inactive) and Endowment Care Cemetery Authorities.

Please enter your company number and password below to login.

Company #: 
Password: 

Submit

**Preneed**

Annual renewals and preneed sales agent renewals may be submitted beginning May 1 and are due July 1. First Period Semi-Annual reports may be submitted beginning August 1 and are due August 14. Second Period Semi-Annual reports may be submitted beginning February 1 and are due February 14. Annual inactive reports may be submitted February 1 and are due April 1.

Annual Endowment Care Reports will be accepted in 2017 from May 1 until July 1. Beginning in 2018, Annual Endowment Care Reports may be submitted beginning February 1 and are due April 1.

ENDOWMENT REPORTING
Endowment Reporting Information
Endowment Branch Reporting Information

RENEWALS
Submit Renewal Information

If you have any questions, please contact the Preneed Section at (334)240-4420 or by email at Preneed@insurance.alabama.gov
Submit Renewal Information: Click this link to submit the renewal application for your COA, and pay the renewal fees for your COA and Branch Registrations. When your COA is renewed, so long as the invoice is paid, your Branch Registrations, if any, will also be renewed, provided all reports and exam responses have been received and there are no other outstanding balances or administrative actions.

After Clicking "Submit Renewal Information," verify the Company listed is the correct Certificate Holder and the correct year is displayed.

Preneed Renewal

You are entering information for the current year renewal of your Preneed Certificate of Authority. All sections must be completed before submission. Applications are late after July 1st, at which time a penalty will automatically begin to accrue. Before you submit this renewal you will be asked to certify that the information provided is true and correct with the understanding that submitting fraudulent information is a felony under Alabama law.

Company Number: 12345
Company Name: XYZ Preneed Company
Address: P.O. Box 1234
City/State/Zip: Hometown, AL 78910
Phone: 123-456-7890
Email: Email@domain.com

This Preneed Certificate Holder is a:
- O Funeral Establishment
- O Cemetery Authority
- O Combination Funeral/Cemetery

Preneed Certificate Holder Type: Funeral Establishment and Cemetery Authority are self-explanatory.

Combination Funeral/Cemetery - entities that operate a combined funeral home/cemetery as one entity.

Usually, the combination operation is one in which the funeral home and cemetery are located physically near each other, with a shared name and a common owner.
ONLINE RENEWAL INSTRUCTIONS

Type of Organization: Select the Certificate Holder's Organizational Structure. Most are organized as an LLC or C-Corporation. If you are unsure, check the Secretary of State's website: http://arc-sos.state.al.us/CGI/CORPNAMEMBR/INPUT

<table>
<thead>
<tr>
<th>TYPE OF ORGANIZATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Individual</td>
</tr>
<tr>
<td>O Partnership</td>
</tr>
<tr>
<td>O LLC</td>
</tr>
<tr>
<td>O LLP</td>
</tr>
<tr>
<td>O C Corp</td>
</tr>
<tr>
<td>O S Corp</td>
</tr>
</tbody>
</table>

Preparer Information: Use the dropdown to indicate type of individual who prepared the financial figures. Provide the individual's contact information so we may contact the preparer with any questions.

- Preparer Information: Select Preparer Type
  - Company Representative
  - CPA/Bookkeeper
  - Other

Preparer Name: 
Preparer Email: 
Preparer Phone: 

Financial Information

The annual financial statement required by the Preneed Funeral and Cemetery Act has been incorporated into the online Certificate of Authority renewal application. The financial information requested in this section should be obtained from the Certificate Holder's financial statements covering its fiscal year most recently ended. The key financial numbers are calculated in the same manner as in previous years and in accordance with Preneed Regulation Chapter 482-3-003. The only change is the format (electronic) in which the information is reported, and the form which has eliminated all but the key numbers related to preneed and certain totals. The following financial figures must be entered for the renewing Certificate Holder (combined with its branches) in the "Financial Information" section of the online Certificate of Authority renewal application:
### Assets:

<table>
<thead>
<tr>
<th>Financial Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-law Receivables:</td>
</tr>
<tr>
<td>Post-law Receivables:</td>
</tr>
</tbody>
</table>

Your Preneed Receivables should be divided into Pre-law (Preneed written prior to May 1, 2002) and Post-Law (Preneed Contracts written May 1, 2002 through the end of the company's last fiscal year). The amount recorded for the receivable depends on the funding method. **Trust Funded** – total of future preneed payments due from preneed purchasers plus the amount already in trust. **Insurance/Annuity Funded** – total face amount of life insurance/annuity purchased to fund the preneed contracts. **Letter of Credit or Surety Bond** – total of future preneed payments by preneed purchasers at the date of the financial statement. Add all funding methods for Pre-law (enter “0” if none) and all for Post-law.

<table>
<thead>
<tr>
<th>Goodwill:</th>
</tr>
</thead>
</table>

If your financial statement balance sheet includes a line item for **Goodwill**, then enter the amount here. If Goodwill does not appear on your balance sheet, then enter “0”.

<table>
<thead>
<tr>
<th>Total Assets:</th>
</tr>
</thead>
</table>

**Total Assets** should be the sum of all of your assets (cash, investments, Inventory, property, Goodwill (if any) and your Preneed Receivables already entered above, etc.).

This should NOT include any funds held in an Endowment Care Account other than earnings that may be used by a cemetery for the upkeep of a cemetery

### Liabilities:

<table>
<thead>
<tr>
<th>Pre-law Deferred Revenue:</th>
</tr>
</thead>
</table>

**Pre-Law Deferred Revenue** - Regardless of the funding method, the current cost to fulfill all outstanding Pre-law preneed contracts (sold prior to May 1, 2002). If you have no unfulfilled pre-law contracts, enter ”0”.

<table>
<thead>
<tr>
<th>Post-law Deferred Revenue:</th>
</tr>
</thead>
</table>

**Post-Law Deferred Revenue** - Regardless of the funding method, the retail value of the unfulfilled preneed contracts sold May 1, 2002, and later.

<table>
<thead>
<tr>
<th>Total Liabilities:</th>
</tr>
</thead>
</table>

**Total Liabilities** - The total of all liabilities (including, but not limited to accounts payable, loans and other debt, taxes, and Deferred Preneed Revenue already entered above, etc.). Exclude endowment Care funds unless there is an amount due to be trusted in endowment care for interment rights sold/paid in full.
**ONLINE RENEWAL INSTRUCTIONS**

**Equity/Surplus:** Assets – Liabilities = Equity. This amount includes retained earnings, stock, additional paid-in capital, etc. Depending on the type of company, this may be unassigned or unrestricted funds. This should not include any endowment care funds held in trust.

**Net Income** – All sources of Income less costs of sales and other expenses, including employee expenses, merchandise, taxes, etc. This is the amount reported on the Income Statement or Tax Return.

**Renewal Questions**

1. What accounting method was used to prepare this financial data?
   - O GAAP  O DOI Form

2. Has this accounting method changed since your last financial statement?
   - O No  O Yes

We are interested in the method used in preparing your Financial Statements, which were used to provide the financial figures above. If you have changed methods since last year, we will need to know that as well.

3. Has there been a change in ownership of the entity holding the preneed certificate of authority?
   - O No  O Yes
   *You must contact the Preneed Division of the Alabama Department of Insurance.

You must contact the Department regarding changes in ownership. This may be as simple as one shareholder sold their shares or passed away and the stock has been divided between the heirs or other shareholders, etc.

4. Since filing last year’s renewal application, has the name, address, telephone number or email address of the Certificate Holder or Branches Changed?
   - O No  O Yes

*You must contact the Preneed Division of the Alabama Department of Insurance to obtain a change of address form.

If any contact information has changed (people, phone numbers, mailing or e-mail addresses, etc. you must notify the Department.
ONLINE RENEWAL INSTRUCTIONS

5. Has the Certificate Holder been the subject of any bankruptcy proceeding or had a judgement filed against it since the date of the last application?

〇 No  〇 Yes

*You must submit a statement of the facts (including date(s), together with the case: style, number, name and location of the court(s) in which the proceedings were held or are pending.  [Upload here]

If you have filed bankruptcy, you are required to notify the Department. You will be required to file the details of that bankruptcy before you will be allowed to proceed with the renewal. Click the hyperlink “Upload here” to file the bankruptcy details.

6. Does the Certificate Holder have a secondary location operating as a common business enterprise, using the same name, but without its own Certificate of Authority or branch registration?

〇 No  〇 Yes

You will be asked about additional locations that operate under the same name, but do not hold a separate COA or Branch Registration. The Department receives calls from consumers regarding licensing, so we would like to have the correct answer as to whether the location is legally allowed to sell Preneed. We will also use this information to post a list on our website for consumers. If you respond “Yes,” a place to enter the information for the additional locations(s) will appear. Enter the appropriate information regarding the location’s name, address and type. Then, once the information is correct, click “Save Location.”

Provide the name, address and telephone number of each additional location and indicate the type (whether it is a funeral establishment, cemetery authority, or combination operation).

Name: ____________________________
Address: _________________________
City/State/Zip: __________________________
Type of Organization: 〇 Funeral Establishment  〇 Cemetery Authority  〇 Combination Funeral/Cemetery

Choose the appropriate option and click “Save Location.”

Submit renewal and pay invoice

Once you have completed all blanks in the renewal application, click the “Submit renewal and pay invoice” button.

If your application has passed all of our checks, you will be re-directed to the Preneed Invoice screen to see your renewal invoice, which includes your COA, any Branch Registrations, and late fees. After July 1, the invoice will automatically be adjusted to include a $50 per day late fee until the renewal is submitted and the invoice is paid.
ONLINE RENEWAL INSTRUCTIONS

Preneed Invoice

COA Renewal Total: $90.00
Total Renewal Amount: $90.00

(Credit card - 40% of total due; ECheck - $4) Select payment type:
O credit card  O Check
Processing Fee - Alabama Interactive: $4.00
Total Amount Due: $94.00

You will indicate whether you would like to pay the invoice by Credit Card or ECheck.

E-Signature: This is the final step before paying the invoice and submitting your renewal application. Enter the full name and a 4-digit e-Signature for the representative submitting the report. The 4-digit e-Signature is a number of the submitting representative's choosing.

E-Signature

I, as the certificate holder or the representative authorized to sign on behalf of the certificate holder, certify that the above information, including the attached financial statement, 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 and request renewal of the Preneed Certificate of Authority. 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.

Please enter your full name and any four-digit number of your choosing to show your intention to sign this document.

Representative Name: ___________________________ 4-digit e-Signature: ___________________________

Please enter your full name. Please enter 4-digit e-Signature.

**PRINT this page for your records before proceeding to enter your payment information.**

[Pay Invoice]

Once the Representative's name and e-Signature has been submitted, click "Pay Invoice." You will be redirected to a secure vendor site administered by a third-party vendor. There you will provide information required in order to process your payment.

Your renewal will not be submitted to the Department until payment of the full invoice amount has been received.