

All Preneed COA and Branch Registration renewals must be submitted online. Upon clicking the link for <u>ALDOI-Preneed</u> 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.

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

<u>Submit Renewal Information</u>: 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: <u>Funeral Establishment</u> and <u>Cemetery Authority</u> are self-explanatory. <u>Combination Funeral/Cemetery</u> - 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.

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:

TYPE OF ORGANIZATION:	
O Individual	
O Partnership	
O LLC	
O LLP	
O C Corp	
O S Corp	

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	Preparer Name:
Preparer Position:	Company Representative CPA/Bookkeeper	
	Other	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:	
Pre-law Receivables: w Post-law Receivables: ye	our Preneed Receivables should be divided into Pre-law (Preneed ritten prior to May 1, 2002) and Post-Law (Preneed Contracts ritten May 1, 2002 through the end of the company's last fiscal ear). The amount recorded for the receivable depends on the inding method.
Trust Funded – total of future preneed payments due An annual statement of trust activity must be submitted	from preneed purchasers plus the amount already in trust. with the financial statement.
Insurance/Annuity Funded —total face amount of life in	nsurance/annuity purchased to fund the preneed contracts.
<u>Letter of Credit or Surety Bond</u> - total of future preneed statement. Add all funding methods for Pre-law (ente	payments by preneed purchasers at the date of the financial or "0" if none) and all for Post-law.
Total Assets: inventory, pro	should be the sum of all of your assets (cash, investments, operty, Preneed Receivables, etc.) IOT include any funds held in an Endowment Care Account arnings that may be used by a cemetery for the upkeep of a
Liabilities:	
Pre-law Deferred Revenue:	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".
Post-law Deferred Revenue:	Post-Law Deferred Revenue - Regardless of the funding method, the retail value of the unfulfilled preneed contracts sold May 1, 2002, and later.
Total Liabilities:	Total Liabilities - The total of all liabilities (including, but not limited to accounts payable, loans and other debt, taxes, Deferred Preneed

Revenue, 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 F	RENEWAL INSTRUCTIONS
Equity/Surplus:	Equity/Surplus: Assets – Liabilities = Equity/Net Worth 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. It may be called Net Worth on the financial statement.
Net Income:	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	
What accounting method was used to O GAAP O DOI Form	o prepare this financial data?
Has this accounting method changed O No O Yes	since your last financial statement?
	0310(2) (a) & (b), a certificate holder must submit financial statement inancial Statement Form (DOI Form). The DOI Form must be completed website.
Proper notes must be included with all financial sta	atements.
3. Has there been a change in ownership of O No O Yes *You must contact the Preneed Division of	the entity holding the preneed certificate of authority? f the Alabama Department of Insurance.
	nges in ownership. This may be as simple as one shareholder sold their ided between the heirs or other shareholders, etc.
Since filing last year's renewal applicated address of the Certificate Holder or Bran O No O Yes	ation, has the name, address, telephone number or email aches Changed?

If any contact information has changed including, but not limited to, representatives, phone numbers, mailing or e-mail addresses, you must notify the Department.

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

Renewal Instructions continued on next page.

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?
O No O 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. <u>Upload here</u>
f 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?
O No O 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 sist 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: ALABAMA

Renewal Instructions continued on next page.

Save Location

Cancel Location

Financial Statements Requirement

information?

7. Certificate Holders will be required to submit formal and separate financial statements to the Department. They may be submitted via email, fax, mail, or through Document Upload on the website.

7. Has a complete copy of the financial statement been submitted to the department that reflects the above financial

Yes O No
The Alabama Preneed Regulation 482-3-003.10 states that the applicant must demonstrate "its ability to discharge its liabilities as they become due in the normal course of business, and must have sufficient funds available to perform its obligations under its existing preneed contracts."
Other requirements dictated by the Preneed Regulation 482-3-00310 are (a) a financial statement accompanied by a compilation, review or audit report from a licensed certified public accountant prepared in conformity with GAAP and (b)(3). The financial statement must be signed by the certificate holder or applicant and, if prepared by a certified public accountant or public accountant, by the accountant.
Once the online renewal application and financial statement has been approved, a letter will be mailed to the certificate holder. New "certificates" will NOT be issued. Please keep the letter on file for proof of renewal.
8. The renewal is not considered complete until the online application AND financial statement have been received by the Department. Please indicate how your financial statement will be submitted.
8. How was or will the financial statement be submitted? ○ Email ○ US Mail ○ Document upload via website
Preneed Sales Agent
In accordance with ALA. CODE § 27-17A-11(h) ANY PRENEED SALES WITHOUT A VALID CERTIFICATE OF AUTHORITY OR PRENEED SALES AGENT REGISTRATION IS A VIOLATION OF ALA. CODE § 27-17A-22(a)(1) AND MAY SUBJECT THE VIOLATOR(S) TO CRIMINA ACTION.
9. Date the Preneed Sales Agent(s) renewed in NIPR:
PSAs must be renewed through NIPR before the COA renewal can be approved.

Trust Statement Requirement

Pursuant to The Act 27-17A-11 (g) & (h), certificate holders that fund preneed contracts with a trust are required to submit an "Annual Statement of Trust Activity" by July 1^{st} of every year. Failure to file the trust statement will result in a \$50/day fine.

Renewal Instructions continued on next page.

Final Steps

Submission

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 financial statement (and trust statement, if applicable) is submitted and the invoice is paid.

If the Certificate Holder funds any preneed contracts by a trust, an annual statement of trust activity must be submitted with the financial statement.

Renewal Instructions continued on next page.

Preneed Invoice

00A P		# 00.00
COA Ren	ewal Total:	\$90.00
Total Renewa	al Amount:	\$90.00
(Credit card – 4% of total due; ECheck- \$4) Select payn O credit card C	٠.	
Processing Fee- Alabama In	nteractive:	\$4.00
Total Ar	mount Due:	\$94.00

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

<u>E-Signature</u>: This is the final step before paying the invoice and submittingyour 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, I975 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.