



ALABAMA DEPARTMENT OF INSURANCE

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

Reporting Year _____	
(Check the quarter below)	
<input type="checkbox"/>	Quarter 1: January 1 – March 31
<input type="checkbox"/>	Quarter 2: April 1 – June 30
<input type="checkbox"/>	Quarter 3: July 1 – September 30
<input type="checkbox"/>	Quarter 4: October 1 – December 31

Certificate Holder Quarterly Report of Preneed Activity

FORM AL-PNR-Q (REVISED 02/2016)

THIS REPORT MUST BE POSTMARKED OR RECEIVED WITHIN 45 DAYS OF THE END OF EACH QUARTER. IT SHOULD ONLY BE FILED BY CERTIFICATE HOLDERS FAILING TO FILE TWO CONSECUTIVE SEMI-ANNUAL REPORTS.

_____ NAME OF PRENEED CERTIFICATE HOLDER	_____ CERTIFICATE OF AUTHORITY #
_____ ADDRESS OF PRENEED CERTIFICATE HOLDER	_____ PHONE #

POST-LAW CONTRACTS ONLY

PRENEED TRUST FUNDS: Has there been a change in the trustee since the last quarter reported? Yes ____ No ____
 If Yes, who was former trustee(s)? _____ New Trust Agreement Approved? Yes ____ No ____
 As of end of the quarter 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	Principal	Interest	Total	# of Contracts
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

LIFE INSURANCE AND/OR ANNUITY: As of end of the quarter checked above, what was the **total number** of all **post-law** preneed contracts outstanding funded by life insurance? _____ Total Face Value? \$ _____

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

LETTER OF CREDIT: As of end of the quarter 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 quarter 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 QUARTER CHECKED ABOVE: _____
 Note: This total is obtained by adding the total 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, insurer, bank etc. may be individually listed.

Certificate Holder Quarterly 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 Quarter	_____
Preneed Contracts Written During Quarter Checked on Page 1	_____
Preneed Contracts Cancelled During Quarter Checked on Page 1	_____
Preneed Contracts Fulfilled During Quarter Checked on Page 1	_____
Preneed Contracts Outstanding at End of Quarter Checked on Page 1	_____
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 Quarter 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 Quarter reported? Yes ____ No ____ If the answer is yes, what was the previous funding method? _____

Quarter 4 Report (October 1 – December 31) should be accompanied by documentation for the entire calendar year (January 1 – December 31). 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). **The Quarter 4 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

MAIL COMPLETED REPORT TO:
PRENEED DIVISION
P. O. BOX 303351
MONTGOMERY, AL 36130-3351

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