

**APPLICATION FOR RENEWAL OF PRENEED  
CERTIFICATE OF AUTHORITY**

FORM ARPCA (11/2009)

**THIS APPLICATION MUST BE RECEIVED BY THE ALABAMA DEPARTMENT OF INSURANCE ON  
OR BEFORE APRIL 1, 2010 OR BE POSTMARKED ON OR BEFORE MARCH 31, 2010**

MAIL THIS APPLICATION TO:  
ACCOUNTING DIVISION  
ALABAMA DEPARTMENT OF INSURANCE  
201 MONROE STREET, SUITE 1700  
P.O. BOX 303351  
MONTGOMERY, ALABAMA 36130-3351

\_\_\_\_\_  
RENEWAL PERIOD

\_\_\_\_\_  
NAME OF PRENEED CERTIFICATE HOLDER

\_\_\_\_\_  
ADDRESS OF PRENEED CERTIFICATE HOLDER

\_\_\_\_\_  
TELEPHONE NUMBER OF PRENEED CERTIFICATE HOLDER

\_\_\_\_\_  
PRENEED CERTIFICATE OF AUTHORITY NUMBER

\_\_\_\_\_  
TYPE OF CERTIFICATE HOLDER (Funeral Establishment, Cemetery Authority, Third-Party Seller)

The following information must be provided with regard to the annual renewal of the preneed certificate of authority.

If appropriate, on a separate sheet of paper, list all funeral and cemetery locations associated with the preneed certificate holder. The listing should include the name and address of each of the locations.

The certificate holder must file a full and true statement of the financial condition of the funeral establishment, cemetery authority or third-party seller. This statement must be as of the last fiscal year ending prior to the date of this renewal. Under Rule 482-3-001-.05, the financial statement may be *either* a GAAP financial statement *or* the form of financial statement using the basis of accounting described in the rule.

Do any assets shown on the financial statement include any preneed funds? \_\_\_ Yes \_\_\_ No

If yes, has a corresponding liability been shown on the financial statement? The assets and liabilities related to preneed contracts must be split to show separately those assets and liabilities related to pre-law and those related to post-law. \_\_\_ Yes \_\_\_ No

This application for renewal of certificate of authority must be accompanied by the annual renewal fee as indicated on the attached invoice.

Has there been a change in ownership of the entity holding the preneed certificate of authority license? \_\_\_ Yes \_\_\_ No  
If yes, please describe such changes on a separate sheet of paper.

Has any information furnished with the previous application for a certificate of authority changed? \_\_\_ Yes \_\_\_ No  
If yes, please describe such changes on a separate sheet of paper.

Has the applicant been the subject of any bankruptcy proceeding or had a judgment filed against it since the date of the last application? \_\_\_ Yes \_\_\_ No

If yes, attach a statement of the facts together with the case style and number and name and location of the court(s) in which the proceedings were held or are pending.

For the renewal year, how will the preneed contracts be funded?

\_\_\_\_\_  
(Trust Fund, Life Insurance, Letter of Credit, Surety Bond)

Has there been a change in the funding method since the previous application? \_\_\_ Yes \_\_\_ No

If Yes, what was the previous funding method? \_\_\_\_\_

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**POST LAW CONTRACTS ONLY**

	<u>Number</u>	<u>Gross Sales</u>
Preneed Contracts Outstanding at December 31, 2008:	_____	\$ _____
Preneed Contracts Entered Into During 2009:	_____	\$ _____
Preneed Contracts Cancelled During 2009:	_____	\$ _____
Preneed Contracts Fulfilled During 2009:	_____	\$ _____
Preneed Contracts Outstanding At December 31, 2009:	_____	\$ _____

**TRUST FUNDS**

If the preneed funds are being placed in trust(s), who is the trustee(s)? \_\_\_\_\_

Is this trustee(s) the same trustee(s) as was designated in the previous application? \_\_\_\_ Yes \_\_\_\_ No

If this trustee(s) is different than was designated in the previous application, have new trust documents been filed with the Alabama Department of Insurance? \_\_\_\_ Yes \_\_\_\_ No

Number of post-law preneed contracts funded by trust(s) outstanding at December 31, 2009: \_\_\_\_\_

	<u>Principal</u>	<u>Interest</u>
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Balance In Trust Fund: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Attach listing of contracts funded by trust(s).

**Attach Full and True Statement of Activities of Trust Fund Provided by Trustee.  
Itemize Trust Funds if More Than One Trust Used. Attach a Separate Statement of Activities for Each Trust.**

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**LIFE INSURANCE**

If the preneed funds are being placed with an insurance company(ies), who is the insurance company(ies)? \_\_\_\_\_

Is this insurance company(ies) the same insurance company(ies) as was designated in the previous application? \_\_\_\_ Yes \_\_\_\_ No

Number of post-law preneed contracts funded by life insurance outstanding at December 31, 2009: \_\_\_\_\_

Number of Policies \_\_\_\_\_ Face Amount \$ \_\_\_\_\_

**Attach Complete Listing of All Preneed Contracts Funded by Insurance. Itemize if More Than One Insurance Company Used. Attach a Separate Listing for Each Insurance Company.**

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**LETTER OF CREDIT**

If the preneed funds are guaranteed by a letter(s) of credit, who is the issuer of the letter(s) of credit? \_\_\_\_\_

Is the issuer of the letter(s) of credit the same issuer as was designated in the previous application? \_\_\_\_ Yes \_\_\_\_ No

If the issuer of the letter(s) of credit is different, has the new letter(s) of credit been filed with the Alabama Department of Insurance? ? \_\_\_\_ Yes \_\_\_\_ No

Number of post-law preneed contracts funded by letter of credit outstanding at December 31, 2009: \_\_\_\_\_

Amount of Letter(s) of Credit: \$ \_\_\_\_\_  
Outstanding Letter(s) of Credit Liability: \$ \_\_\_\_\_

(Attach listing of Preneed contracts funded by letter(s) of credit.)

**This Listing Must Give a Full and True Report of Outstanding Liabilities on Each Contract.  
Itemize if More Than One Letter of Credit. Attach a Separate Report for Each Letter of Credit.**

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**SURETY BOND**

If the preneed funds are guaranteed by a surety bond(s), who is the issuer of the surety bond(s)?  
\_\_\_\_\_

Is the issuer of the surety bond(s) the same issuer as was designated in the previous application? \_\_\_\_Yes \_\_\_\_No

If the issuer of the surety bond(s) is different, has the new surety bond(s) been filed with the Alabama Department of Insurance? \_\_\_\_Yes \_\_\_\_No

Number of post-law preneed contracts funded by surety bond outstanding  
at December 31, 2009: \_\_\_\_\_

Amount of Surety Bond (Face Value): \$ \_\_\_\_\_  
Outstanding Surety Bond Liability: \$ \_\_\_\_\_

(Attach listing of Preneed contracts funded by surety bond.)

**This List Must Give a Full and True Report of Outstanding Liabilities on Each Contract.  
Itemize if More Than One Surety Bond. Attach a Separate Report for Each Surety Bond.**

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**PLEASE SIGN AND DATE BELOW.**

I certify that the above information is true and correct to the best of my knowledge and belief. I also certify that the attached financial statement is true and correct to the best of my knowledge and belief. I also certify that I have complied with all of the requirements of Chapter 27-17A, Code of Alabama 1975.

\_\_\_\_\_  
Signature of Certificate Holder

\_\_\_\_\_  
Date