



ALABAMA DEPARTMENT OF INSURANCE

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

FINANCIAL STATEMENT EXEMPTION REQUEST FORM

(Form FSERF 01/2015)

By completing this form, you may receive an exemption from the requirement to file financial statements during the renewal of preneed certificate of authority. The criteria for exemption is stated in 27-17A-11(i) of the Alabama Code.

This form may only be filed between January 1 and April 1 of the next calendar year after the end of your current fiscal year. The exemption applies only to one year. You must file a new form for each year that you desire this exemption. (For purposes of this form, "I", "you", "your" or "my" refers to the Certificate Holder.)

1. Have any complaints been filed against you since the last examination? Yes No
2. Have any administrative actions been instituted against you since your last examination? Yes No
3. Do you certify that all outstanding preneed contracts written by you since April 30, 2002, are fully funded in accordance with Title 27-Chapter 17A, Code of Alabama? Yes No
4. Do you certify that you will fully fund all preneed contracts with life insurance, annuity, or will deposit 100 percent of all funds collected on all preneed contracts in trust within thirty (30) days after the end of the calendar month in which the funds are collected? Yes No
5. Do you agree to file quarterly reports of your preneed activity on a form or in a format prescribed by the Commissioner? Yes No

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 understand that any person who knowingly presents false or fraudulent information to the Commissioner of Insurance or his representative may be guilty of a felony under Alabama Law and subject to restitution, fines, loss of any or all preneed certificates of authority or other applicable licenses, prison or any combination thereof.

Name of Preneed Entity / Certificate of Authority Number

Signature of Certificate Holder or Authorized Representative

Print Name

Date