



ALABAMA DEPARTMENT OF INSURANCE

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

**ANNUAL REPORT OF ENDOWMENT CARE FUND
(CALENDER YEAR ENDING DECEMBER 31, 2011)
FORM ARECF (11/2011)**

THIS REPORT MUST BE RECEIVED BY THE ALABAMA DEPARTMENT OF INSURANCE WITHIN NINETY (90) DAYS AFTER THE END OF THE PRIOR CALENDER YEAR

NAME OF ENDOWMENT CARE CEMETERY

ADDRESS OF ENDOWMENT CARE CEMETERY

TELEPHONE NUMBER OF ENDOWMENT CARE CEMETERY

IF TRUSTEE IS A FINANCIAL INSTITUTION:

TRUSTEE'S NAME: _____

ADDRESS OF TRUSTEE _____

IF BOARD OF TRUSTEES, LIST MEMBERS BELOW:

(IF MORE THAN 3 MEMBERS, ATTACH SEPARATE SHEET)

MEMBER'S NAME: _____

MEMBER'S BOND COMPANY: _____

BOND NUMBER(S): _____

MEMBER'S NAME: _____

MEMBER'S BOND COMPANY: _____

BOND NUMBER(S): _____

MEMBER'S NAME: _____

MEMBER'S BOND COMPANY: _____

BOND NUMBER(S): _____

AMOUNT HELD BY TRUSTEE FOR ENDOWMENT CARE CEMETERY (12/10) \$ _____

AMOUNT HELD BY TRUSTEE FOR ENDOWMENT CARE CEMETERY (12/11) \$ _____

The Cemetery Authority must file with this Annual Report the statement provided by the trustee to the cemetery authority that completely discloses all activity since the previous account and the statement detailing fund investments as required by Section 27-17A-52, Code of Alabama 1975.

I hereby certify, to the best of my knowledge and belief, that

Name of Endowment Care Cemetery

is in compliance with Section 27-17-45 through Section 27-17A-56, Code of Alabama 1975.

Signature of Cemetery Authority

Date