



**ALABAMA DEPARTMENT OF INSURANCE**

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

**FINANCIAL STATEMENT EXEMPTION REQUEST FORM**

(Form FSERF 01/2015)

Certificate holders that wish to apply for an exemption from filing financial statements in order to renew their Certificate of Authority, should complete and file this form prior to April 1<sup>st</sup>, following the end of their fiscal year, in accordance with § 27-17A-11(i) of the Preneed Funeral and Cemetery Act (the Act) and Alabama Preneed Regulation 482-3-003-.10(8).

If approved, the exemption will apply only to the upcoming renewal. A new request must be filed each year that an exemption is desired. (For purposes of this form, "I", "you", "your" or "my" refers to the Certificate Holder.)

1. Have any complaints been filed against you since your 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 the Act?  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. Since your last exam, have you met all deadlines of the Act and provided all required and requested records to the department in a timely manner?  Yes  No
6. 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