

STATE OF ALABAMA

**DEPARTMENT OF INSURANCE
201 MONROE STREET, P.O. BOX 303351
MONTGOMERY, ALABAMA 36130**

**PRENEED CERTIFICATE OF AUTHORITY
CONFIDENTIAL ANNUAL FINANCIAL STATEMENT**

Type of Organization:

_____ **An Individual**

_____ **Partnership**

_____ **C Corporation**

_____ **S Corporation**

_____ **LLC (a Limited Liability Company)**

_____ **LLP (a Limited Liability Partnership)**

_____ **Not for Profit Organization**

Name of Preneed Entity

Address:

COA Number

Phone #:

Fax #:

E Mail Address:
