



ALABAMA DEPARTMENT OF INSURANCE

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

Report For Year _____

(Check the appropriate period below)

Period 1: January 1 – June 30

Period 2: July 1 – December 31

Certificate Holder Semi-Annual Report of Preneed Activity

FORM SARPA (REVISED 03-2015)

THIS REPORT MUST BE POSTMARKED OR RECEIVED BY THE ALABAMA DEPARTMENT OF INSURANCE NO LATER THAN 45 DAYS FOLLOWING THE END OF THE PERIOD CHECKED ABOVE.

NAME OF PRENEED CERTIFICATE HOLDER

ADDRESS OF PRENEED CERTIFICATE HOLDER

PRENEED CERTIFICATE OF AUTHORITY NUMBER

POST-LAW CONTRACTS ONLY

PRENEED TRUST FUNDS: If contracts are funded by trust, list the name(s) of the trustee(s)? _____

As of end of the current period checked above, what was the **total number** of all **post-law** preneed contracts outstanding funded by trust? _____

| | Principal | Interest | Total |
|--|-----------|----------|----------|
| Balance of Trust Fund(s) at end of period: | \$ _____ | \$ _____ | \$ _____ |

LIFE INSURANCE AND/OR ANNUITY: If contracts are funded with life insurance and/or annuities, list the issuing company(ies): _____

As of end of the current period checked above, what was the **total number** of all **post-law** preneed contracts outstanding funded by life insurance? _____

Total Face Value at end of period: \$ _____

LETTER OF CREDIT: If contracts are guaranteed by a letter(s) of credit, list the issuer(s)? _____

As of end of the current period checked above, what was the **total number** of all **post-law** preneed contracts outstanding in which the funding method is Letter of Credit? _____

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

SURETY BOND: If contracts are guaranteed by a surety bond(s), who is the issuer of the surety bond(s)? _____

As of end of the current period checked above, what was the **total number** of all **post-law** preneed contracts outstanding in which the funding method is Surety Bond(s)? _____

Amount of Surety Bond(s): \$ _____ Outstanding Surety Bond Liability: \$ _____

TOTAL NUMBER OF ALL POST-LAW PRENEED CONTRACTS OUTSTANDING AS OF THE END OF THE PERIOD CHECKED ABOVE: _____

Note: This total is obtained by adding the number of contracts from each funding method above; it should agree with the total number of post-law contracts calculated on page 2.

Certificate Holder Semi-Annual Report of Preneed Activity

POST-LAW CONTRACTS ONLY

| NUMBER OF OUTSTANDING PRENEED POST-LAW CONTRACTS | |
|--|---------------|
| | <u>Number</u> |
| Preneed Contracts Outstanding At End Of Prior Period | _____ |
| Preneed Contracts Written During Period Checked On Page 1 | _____ |
| Preneed Contracts Cancelled During Period Checked On Page 1 | _____ |
| Preneed Contracts Fulfilled During Period Checked On Page 1 | _____ |
| Preneed Contracts Outstanding At End Of Period Checked On Page 1 | _____ |
| Note: This total should agree with the total from the bottom of page 1. | |

State the Net Sales Amount of all **Post-Law** Preneed Contracts Outstanding at the end of the period checked on page 1: \$_____

Note: Net Sales is the total retail value of all outstanding Post-Law contracts, regardless of funding mechanism, less any discounts or credit for insurance applied to the contracts.

Has there been a change in the Company's funding method since the last Semi-Annual? Yes ____ No ____ If the answer is yes, what was the previous funding method? _____

PLEASE SIGN AND DATE BELOW.

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 certify that I have complied with all of the requirements of Chapter 27-17A, Code of Alabama, 1975. I understand that any person who knowingly presents false or fraudulent information to the Commissioner of Insurance or his representative, willfully fails to timely make deposits to trust, or knowingly withdraws unauthorized funds or assets from a trust may be guilty of a felony under Alabama Law and subject to restitution, fines, loss of any or all certificates of authority or other applicable licenses, prison or any combination thereof.

Signature of Certificate Holder or Authorized Representative

Date

Print Name

Phone Number

E-mail Address

MAIL COMPLETED REPORT TO:
PRENEED DIVISION
P. O. BOX 303351
MONTGOMERY, AL 36130-3351