ALABAMA DEPARTMENT OF INSURANCE
Preneed Division
201 Monroe Street, Suite 502
Montgomery, AL 36130-3351

APPLICATION OF CERTIFICATE HOLDER FOR FINANCIAL STATEMENT WAIVER

(Form AECHFFFS 03/2019)

Certificate holders that wish to apply for a financial statement waiver at renewal of their Certificate of Authority must certify that they have met the requirements for said waiver as stated in statute and file said certification prior to April 1st, following the end of their fiscal year, in accordance with §27-17A-11 (i) of the Preneed Funeral and Cemetery Act (Act) and Alabama Preneed Regulation 482-3-003-.10 (8).

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

I hereby certify that:

(1) There have been no valid complaints filed against the certificate holder since the last examination.

(2) There have been no administrative actions instituted against the certificate holder since the last examination.

(3) All outstanding preneed contracts written by the certificate holder since April 30, 2002, are fully funded in accordance with Title 27-Chapter 17A, Code of Alabama.

(4) All preneed contracts written by the certificate holder have been funded by life insurance, annuity, or the deposit of 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.

(5) All required or requested records have been provided to the department in a timely manner.

Certificate holder, upon approval of waiver, hereby agrees to file quarterly reports of all preneed activity on a form or in a format prescribed by the Commissioner as required by the above referenced statute. Certificate holder acknowledges that failure to make said filings is grounds for immediate revocation of said waiver.

Any person knowingly presenting false or fraudulent information to the Commissioner of Insurance or his representative may be guilty of a Class C felony pursuant to §27-17A-22(d)(1) of the Preneed Funeral and Cemetery Act.

I, as the certificate holder or the representative authorized to sign on behalf of the certificate holder, hereby certify that the above requirements have been satisfied to the best of my knowledge and belief.

_____
Name of Preneed Entity / Certificate of Authority Number

_____
Signature of Certificate Holder or Authorized Representative

_____
Print Name

_____
Date