



# Inactive “Paper” Certificate Holder Annual Report

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STEP BY STEP INSTRUCTIONS

# Preparation

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- The Inactive Report is for the reporting of Post Law Contracts only (contracts written after May 1, 2002)
- Gather all statements from your insurer(s); you will need to provide these statements to the department along with the filing.
- You will need your log to complete the filing
- Have the previous Inactive report handy for reference
- You will need your COA # or your Company #
- The report along with the statements must be submitted either by Email, Fax or Document Upload
- **The Company reporting is responsible for submitting the statements not the trustee or insurer(s)**
- **NOTE: Your filing is not complete until the Department is in receipt of the statements**

# Inactive Paper Annual Report



**ALABAMA DEPARTMENT OF INSURANCE**  
 Preneed Division  
 201 Monroe Street, Suite 502  
 Montgomery, AL 36103-3351

Type of Inactive Registrant  
(check appropriate box below)

<input type="checkbox"/>	Funeral Establishment
<input type="checkbox"/>	Cemetery Authority
<input type="checkbox"/>	Combination Funeral/Cemetery
<input type="checkbox"/>	Third-Party Seller

**INACTIVE CERTIFICATE HOLDER ANNUAL REPORT**  
 CURRENT YEAR\* ENDING DECEMBER 31, 20\_\_  
 Form AL-PNR-SA (revised 3/2019)

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

Name of Inactive Certificate Holder or Company \_\_\_\_\_ Inactive Certificate Number \_\_\_\_\_

Address of Inactive Certificate Holder or Company \_\_\_\_\_ Date Became Inactive \_\_\_\_\_

**POST-LAW CONTRACTS ONLY**

**PRENEED TRUST FUNDS:** Has there been a change in the trustee since the last reporting period? Yes \_\_\_ No \_\_\_  
 If yes, who was the former trustee(s)? \_\_\_\_\_ New Trust Agreement Approved? Yes \_\_\_ No \_\_\_  
 As of end of the current period check above, what was the total number of all post-law preneed contracts outstanding funded or intended to be funded by trust? \_\_\_\_\_ Net sales of contract funded or intended to be funded by trust? \$ \_\_\_\_\_

Trustee	Beginning Value	Ending Value	Value <sup>A</sup> Change	Deposits	Withdrawals	Previous	Written	Cancelled	Fulfilled	Total Contracts

<sup>A</sup>Net Realized & Unrealized Gains/Losses, Interest and Dividends, Trust Purchased Insurance – Death Benefit Increases (Adjustments).

**LIFE INSURANCE AND/OR ANNUITY:** (Exclude trust purchased insurance). As of end of the current period checked above, what was the total # of outstanding post-law preneed contracts funded by life insurance/annuity? \_\_\_\_\_ Total Face Value? \$ \_\_\_\_\_

Insurer	Value \$	Previous # Contracts	Written	Cancelled	Fulfilled	Total Contracts

**LETTER OF CREDIT:** 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? \_\_\_\_\_ Outstanding Liability: \$ \_\_\_\_\_

LOC Issuer	Amount of LOC	Outstanding Liability	# of Contracts

**SURETY BOND:** 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)? \_\_\_\_\_ Outstanding Liability: \$ \_\_\_\_\_

Surety Bond Issuer (Insurer)	Amount	Outstanding Liability	# of Contracts

**TOTAL POST-LAW PRENEED CONTRACTS OUTSTANDING AS OF THE END OF THE CURRENT YEAR\*:** \_\_\_\_\_  
 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.

\*Current Year is the calendar year immediately preceding the year you are filing this report.

**Certificate Holder or Company Annual Report of Preneed Activity**  
 POST-LAW CONTRACTS ONLY

**NUMBER OF OUTSTANDING PRENEED POST-LAW CONTRACTS**

Preneed Contracts Outstanding at End of Prior Period	Number _____
Preneed Contracts Cancelled During Period Checked on Page 1	_____
Preneed Contracts Fulfilled During Period Checked on Page 1	_____
<b>Total Contracts</b>	_____

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 at the top of Page 1: \$ \_\_\_\_\_

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

Have any preneed contracts been written/sold since the preneed entity became inactive? Yes \_\_\_ No \_\_\_  
 (If the answer is "Yes", please attach an explanation.)

Have all funds collected on preneed contracts been handled in accordance with the preneed law and regulations? Yes \_\_\_ No \_\_\_  
 (If the answer is "No", please attach an explanation.)

This report should be accompanied by documentation for the Current Year\*. Documentation includes Statement of Activity of the Trust, furnished by your Trustee(s), for each post-law merchandise & services trust account; detailed policy listing from each insurer; liability report(s) for preneed contracts funded by Letter(s) of Credit and/or Surety Bond(s). This report is not complete without the required documentation.

This report should only include information for the certificate holder. Branch reports should be submitted for each branch.

**PLEASE SIGN AND DATE BELOW.**

I hereby certify that the information in this Inactive Certificate Holder Annual Report is true and correct to the best of my knowledge and belief and that I personally reviewed all answers and information provided. 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 Inactive Certificate Holder or Authorized Representative \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**MAIL COMPLETED REPORT TO:**  
 ALABAMA DEPARTMENT OF INSURANCE  
 PRENEED SECTION  
 P.O. BOX 303351  
 MONTGOMERY, AL 36130-3351

Visit [www.aldoi.gov/preneed](http://www.aldoi.gov/preneed) for the most current forms and information

Form AL-PNI-A (Revised 3-2019) Page 2 of 2

# Trust Funded Contracts



Answer all question above the Trustee Box

**POST-LAW CONTRACTS ONLY**

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**PRENEED TRUST FUNDS:** Has there been a change in the trustee since the last reporting period? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes, who was the former trustee(s)? \_\_\_\_\_ New Trust Agreement Approved? Yes \_\_\_\_\_ No \_\_\_\_\_  
 As of end of the current period check above, what was the total number of all post-law preneed contracts outstanding funded or  
 intended to be funded by trust? \_\_\_\_\_ Net sales of contract funded or intended to be funded by trust? \$ \_\_\_\_\_

Trustee	Beginning Value	Ending Value	Value Change ^	Deposits	Withdrawals	Previous	Written	Cancelled	Fulfilled	Total Contracts

^Net Realized & Unrealized Gains/Losses, Interest and Dividends, Trust Purchased Insurance – Death Benefit Increases (Adjustments).

# Trust Trustee Section



1. Fill in the Trustee's name – one Trustee per line if more than one
2. Use the Beginning Value and Ending Value as indicated on your Trust Statement
3. List total Deposits and Withdrawals on the appropriate line
4. The Value Change does not always equal the deposits and/or withdrawals
5. "Previous" contracts should be the same as the ending # of contracts on your last Report
6. Enter the amount of Written, Cancelled and Fulfilled contracts as indicated
7. This will give you the total ending contracts (which should match your contract sales log)

<b>POST-LAW CONTRACTS ONLY</b>										
<b>PRENEED TRUST FUNDS:</b> Has there been a change in the trustee since the last reporting period? Yes _____ No _____										
If Yes, who was the former trustee(s)? _____ New Trust Agreement Approved? Yes _____ No _____										
As of end of the current period check above, what was the total number of all post-law preneed contracts outstanding funded or intended to be funded by trust? _____ Net sales of contract funded or intended to be funded by trust? \$ _____										
Trustee	Beginning Value	Ending Value	Value Change ^	Deposits	Withdrawals	Previous	Written	Cancelled	Fulfilled	Total Contracts

^Net Realized & Unrealized Gains/Losses, Interest and Dividends, Trust Purchased Insurance – Death Benefit Increases (Adjustments).

# Life Insurance and/or Annuity

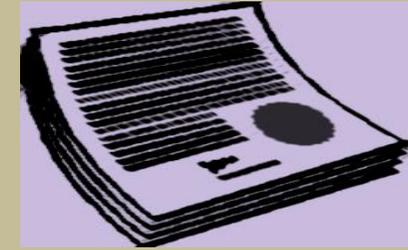


1. List the **“INITIAL FACE VALUE”** not the Death Benefit amount
2. “Previous” contracts should be the same as the ending contracts on your last Report
3. Enter the amount of Written, Cancelled and Fulfilled contracts as indicated
4. Answer the two questions in the highlighted area
5. This will give you the total ending contracts as per your insurance statement and should correlate to your preneed contract log
6. List each Insurance Company on a separate line under “Insurer”
7. Please note: Several insurance companies list policies instead of insured lives. An insured life equals one preneed contract

**LIFE INSURANCE AND/OR ANNUITY:** (Exclude trust purchased Insurance). As of end of the current period checked above, what was the total # of outstanding post-law preneed contracts funded by life Insurance/annuity? \_\_\_\_\_ Total Face Value? \$ \_\_\_\_\_

Insurer	Face Value	Previous	Written	Cancelled	Fulfilled	Contracts

# Letter of Credit and/or Surety Bond



1. Fill out Highlighted area for Letter of Credit or Surety Bond
2. List the Issuer under either LOC Issuer or Surety Bond Issuer (Insurer)
3. “Amount” is the amount of the LOC or Surety Bond
4. “Outstanding Liability” is the dollar amount of the outstanding contracts
5. “# of Contracts” is the total number of outstanding preneed contracts

<b>LETTER OF CREDIT:</b> As of the 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? Outstanding Liability: \$			
LOC Issuer	Amount of LOC	Outstanding Liability	# of Contracts
<b>SURETY BOND:</b> 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)? Outstanding Liability: \$			
Surety Bond Issuer (Insurer)	Amount	Outstanding Liability	# of Contracts

# Completion of Page 1

Please complete the highlighted area at the bottom of Page 1

\*Note: Contracts should match your page 2 calculations – this number should also match your preneed contract log

**SURETY BOND:** 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)? \_\_\_\_\_ Outstanding Liability: \$ \_\_\_\_\_

Surety Bond Issuer (Insurer)	Amount	Outstanding Liability	# of Contracts

**TOTAL POST-LAW PRENEED CONTRACTS OUTSTANDING AS OF THE END OF THE CURRENT REPORTING PERIOD:** \_\_\_\_\_

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.

# Page two of the Inactive Report

## Number of outstanding Preneed Post-Law Contracts

1. The box below is for totaling all contracts from each line where a Trustee, Life Insurance/Annuity, LOC or Surety bond has been recorded.
2. Next total all Preneed Contracts written for each Insurer (Trustee, Life Insurance/Annuity, LOC or Surety Bond).
3. Total all Preneed Contracts Cancelled for each Insurer.
4. Total all Preneed Contracts Fulfilled for each Insurer.
5. On the "Total Contracts" line enter the total number of contracts.
6. Check that the number of contracts agree with the number of contracts on the bottom of Page 1. This number should also agree with your preneed contract log.

<b>Certificate Holder Semi-Annual Report of Preneed Activity</b>	
<b>POST-LAW CONTRACTS ONLY</b>	
<b>NUMBER OF OUTSTANDING PRENEED POST-LAW CONTRACTS</b>	
	<b>Number</b>
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	_____
<b>Total Contracts</b>	_____
<b>Note: This Total should agree with the total from the bottom of Page 1</b>	

# Second Section of Page 2

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1. State the Net Sales – see highlighted area
2. Indicate if there has been a change in the Company's Funding Method – see highlighted area
3. Make sure that the Report is accompanied by all the statements
4. It is the COA holders responsibility to submit the statements to the Department

State the **Net Sales** Amount of all **Post-Law** Preneed Contracts Outstanding at the end of the period checked at the top of Page 1: \$ \_\_\_\_\_

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

Have any preneed contracts been written/sold since the preneed entity became inactive?

Yes  No (If "Yes", please attach an explanation.)

Have all funds collected on preneed contracts been handled in accordance with the preneed law and regulations?

Yes  No (If "No", please attach an explanation.)

**This report should be accompanied by documentation for the reporting year on page 1.**

Documentation includes Statement of Activity of the Trust, furnished by your Trustee(s), for each post-law merchandise & services trust account; detailed policy listing from each insurer; liability report(s) for preneed contracts funded by Letter(s) of Credit and/or Surety Bond(s). This report is not complete without the required documentation.

# Please Sign and Date Below

1. Please sign and date the Report
2. If the report is prepared by someone other than the Certificate Holder, please provide their name where indicated
3. Email, Fax or Upload the form along with the statements to our office

**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 Inactive Certificate Holder or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Prepared by (if different from above):

**MAIL COMPLETED REPORT TO:**

ALABAMA DEPARTMENT OF INSURANCE  
PRENEED  
P.O. BOX 303351  
MONTGOMERY, AL 36130-3351



# Preneed Contact Information

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Web Site: <http://www.aldoi.gov>

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