



**ALABAMA DEPARTMENT OF INSURANCE**

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

Reporting Year _____	
(Check the appropriate period below)	
<input type="checkbox"/>	Period 1: January 1 – June 30
<input type="checkbox"/>	Period 2: July 1 – December 31

**Certificate Holder Semi-Annual Report of Preneed Activity**

FORM AL-PNR-SA (REVISED 02/2016)

**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	_____ CERTIFICATE OF AUTHORITY #
_____ ADDRESS OF PRENEED CERTIFICATE HOLDER	_____ PHONE #

**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 former trustee(s)? \_\_\_\_\_ New Trust Agreement Approved? Yes \_\_\_\_ No \_\_\_\_  
 As of end of the current period checked 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	Principal	Interest	Total	# of Contracts
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

**LIFE INSURANCE AND/OR ANNUITY:** 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? \$ \_\_\_\_\_

Insurer	Total Face Value	# of 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 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.

Use additional sheets as necessary so that each trustee or insurer may be individually listed.

# Certificate Holder Semi-Annual Report of Preneed Activity

## POST-LAW CONTRACTS ONLY

<b>NUMBER OF OUTSTANDING PRENEED POST-LAW CONTRACTS</b>	
	<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	_____
<b>Note: This total should agree with the total from the bottom of Page 1.</b>	

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.**

Has there been a change in the Company's funding method since the last reporting period? Yes \_\_\_\_ No \_\_\_\_ If the answer is yes, what was the previous funding method? \_\_\_\_\_

**Period 2 Report (July 1 – December 31) should be accompanied by documentation for the immediately preceding calendar year (January 1 – December 31).** 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). **The Period 2 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, 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

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