



Online Branch Semi-Annual Report

STEP BY STEP INSTRUCTIONS FOR THE ONLINE REPORT

Online Submission Overview

- Go to ALDOI.gov
- Click “Preneed” under Quick Links
- Select “Online Reporting” - This will take you ALDOI – Preneed Online Reporting
- Enter your Company # (or COA#) and password where indicated; then click “submit”
- Click on either first or second period Semi-Annual reporting which ever one is appropriate for the filing
- Click on the Branch for which you are reporting
- Complete the branch semi-annual form and hit submit
- You should receive a Confirmation Page 
- Then upload the statements either by Fax, Email or Document Upload

You have successfully submitted your semi-annual report for 2019 for the following branches.
Please print this page for your records.

Confirmation Number	Branch Number	Branch Name

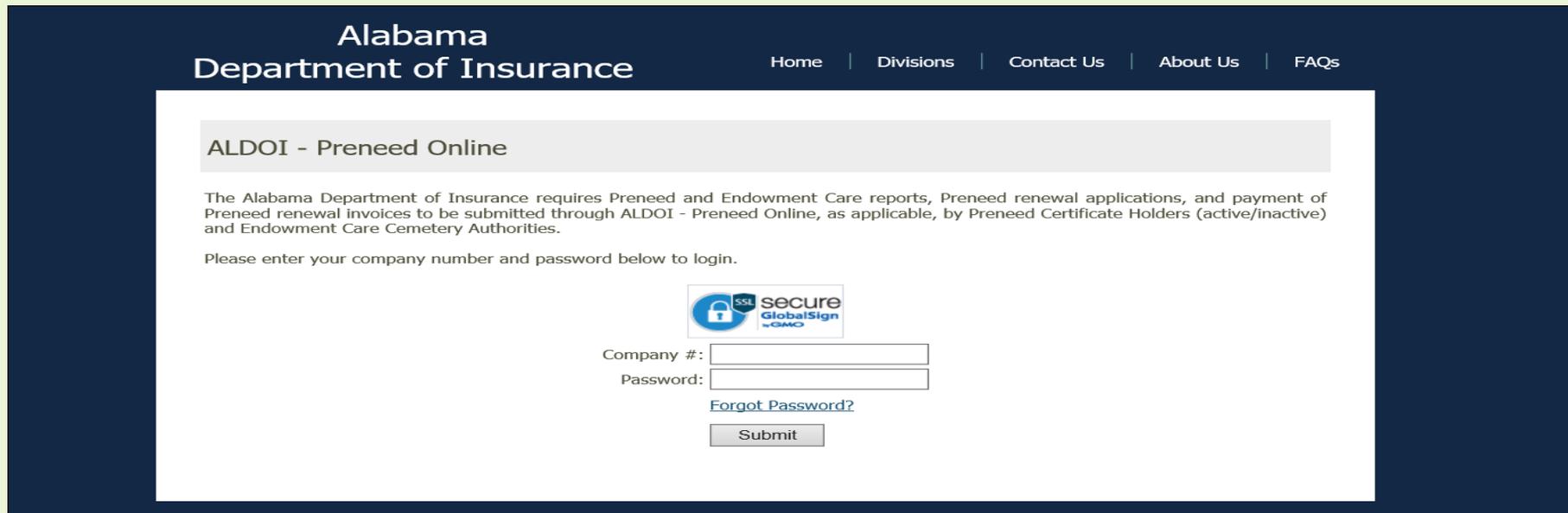
Preparation



- The Semi-Annual 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 – **The Certificate Holder 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.**
- You will need your log to complete the filing.
- Have the previous Semi-Annual Branch report handy for reference.
- You will need your COA # and your password to access the online portal.
- The report, along with the statements, must be submitted either by Email, Fax or Document Upload.

Getting Started

Upon clicking the link for “Online Preneed Reporting”, you will see this screen. You must enter your Company #, which is your Certificate of Authority Number, and your password provided to you by the Department.



The screenshot shows the login page for the Alabama Department of Insurance's ALDOI - Preneed Online system. The page has a dark blue header with the department's name and navigation links. Below the header is a white content area with a grey title bar. The main content includes a paragraph explaining the system's purpose, a login instruction, and a form with two input fields for 'Company #' and 'Password', a 'Forgot Password?' link, and a 'Submit' button. A Secure GlobalSign logo is positioned above the input fields.

Alabama
Department of Insurance

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ALDOI - Preneed Online

The Alabama Department of Insurance requires Preneed and Endowment Care reports, Preneed renewal applications, and payment of Preneed renewal invoices to be submitted through ALDOI - Preneed Online, as applicable, by Preneed Certificate Holders (active/inactive) and Endowment Care Cemetery Authorities.

Please enter your company number and password below to login.



Company #:

Password:

[Forgot Password?](#)

Preneed Reporting On Line Access

Preneed

First Period Semi-Annual reports may be submitted beginning August 1 and are due August 14

Second Period Semi-Annual reports may be submitted beginning February 1 and are due February 14

SEMI-ANNUAL REPORTING

[Semi-Annual Certificate of Authority Reporting Information](#)

[Semi-Annual Branch Reporting Information](#)

Only active companies must submit semi-annual reports

➤ Click on Semi-Annual Certificate of Authority Reporting Information

➤ or

➤ Semi-Annual Branch Reporting Information

Branch Reporting Screen

Company Number:
Company Name:
Address:
City/State/Zip:
Phone:

***NOTICE: Only include information regarding post-law contracts, unless the pre-law contracts are being maintained as if they were post-law in accordance with the Preneed Funeral and Cemetery Act.
*All fields are required. Make sure a fields are correct before submitting.
IN ORDER FOR YOUR REPORT TO BE ACCEPTED THE BOTTOM PORTION OF THIS FORM MUST BE SUBMITTED.**

Reporting Year:
2019

Semi-annual Annual

June 30th Filing December 31st Filing
Reporting Period(Jan 1 - June 30) Reporting Period(July 1 - Dec 31)

First Period Second Period

Select a branch and enter reporting information below.

Cemetery Branch – if you have a cemetery branch the name will appear here

Funeral Home Branch – if you have a funeral home branch(s) the name(s) will appear

- Be sure all company information is correct.
- Reporting year: The report should default to the correct year – confirm the reporting year is correct.
- **June 30th Filing or December 31st Filing:** Choose the appropriate period for which you are reporting.
- Reports are due within 45 days of the end of the period:
 - June 30th Filing:** First Reporting period: January 1 – June 30 **Due:** August 14th
 - December 31st Filing:** Second Reporting period: July 1 – December 31 **Due:** February 14th

Semi-Annual Branch Reporting Form

Alabama Department of Insurance

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Certificate Of Authority Reporting

Company Number:
Company Name:
Address:
City/State/Zip:
Phone:

***NOTICE: Only include information regarding post-law contracts, unless the pre-law contracts are being maintained as if they were post-law in accordance with the Preneed Funeral and Cemetery Act.
*All fields are required. Make sure a fields are correct before submitting.
IN ORDER FOR YOUR REPORT TO BE ACCEPTED THE BOTTOM PORTION OF THIS FORM MUST BE SUBMITTED.**

Reporting Year: 2019

First Period Second Period

Select a branch and enter reporting information below.

Cemetery Branch – if you have a cemetery branch the name will appear here
 Funeral Home Branch – if you have a funeral home branch(s) the name(s) will appear

Trustee

Trustee	Beginning Value(\$)	Ending Value(\$)	Change in Value(\$)	Deposits(\$)	Withdrawals(\$)
Select Trustee					

Trust Funded

Previous Contracts	Written	Fulfilled	Cancelled	Outstanding Contracts

Please do not click SAVE more than one time. Save Trust Record

Insurer

Insurer	Face Value(\$)	Previous Contracts	Written	Fulfilled	Cancelled	Outstanding Contracts
Select Insurer						

Please do not click SAVE more than one time. Save Insurance Record

LOC Funded

Bank	LOC Number	Amount of LOC(\$)	Outstanding Liability(\$)
Select Issuer			

Previous Contracts

Written	Fulfilled	Cancelled	Outstanding Contracts

Please do not click SAVE more than one time. Save LOC Record

Surety Bond Funded

Issuer	Bond Number	Amount of Bond(\$)	Outstanding Liability(\$)
Select Insurer			

Previous Contracts

Written	Fulfilled	Cancelled	Outstanding Contracts

Please do not click SAVE more than one time. Save Bond Record

*****IN ORDER FOR YOUR REPORT TO BE ACCEPTED THE BOTTOM PORTION OF THIS FORM MUST BE SUBMITTED.*****

Totals

Total contracts outstanding per preneed log:

Total net sales of all outstanding preneed contracts per preneed log:

In order for the online portion of this report to be considered filed, you must complete the section below and click 'Submit E-Signature'. If you do not receive a confirmation page, your report was not accepted. Please contact Preneed for assistance. Your report is not considered complete until all supporting documentation has been submitted

Preparer Information (This person will be responsible for answering questions from the Department)

Preparer Position: Preparer Name:

Preparer Email: Preparer Phone:

E-Signature

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.

Please enter your full name and any four-digit number of your choosing to show your intention to sign this document.

Representative Name: 4-digit e-Signature:

Submit E-Signature

Branch Reporting Information

First Period Second Period

Select a branch and enter reporting information below.

Cemetery Branch – if you have a cemetery branch the name will appear here

Funeral Home Branch – if you have a funeral home branch(s) the name(s) will appear

- Select the Branch Option.
- Confirm Reporting Year, Reporting Type and Reporting Period are correct.
- Select the appropriate Branch for which you are submitting a report.

Funding Records

- Add funding records which ONLY pertain to the entity that is being reported.
- Funding records are divided by type: Trust, Insurance, Letter of Credit (LOC) and Surety Bond.
- Do not rely solely on Insurer policy listings or trust statements.
- Your Preneed log contains most of the information necessary to complete the report.
- Keeping properly maintained logs as required is the most efficient way to reconcile your preneed contracts.
- Remember, you are reporting Post-law Preneed Contracts.

Trust Funding Record(s)



Reporting Period(Jan 1 - June 30) Reporting Period(July 1 - Dec 31)

YOU MUST ENTER A FUNDING RECORD FOR THE CURRENT PERIOD

Trustee	Beginning Value(\$)	Ending Value(\$)	Change in Value(\$)	Deposits(\$)	Withdrawals(\$)
Select Trustee					
Alabama Funeral Directors Association					
Ameriprise Financial			Fulfilled	Cancelled	Outstanding Contracts
Argent Trust Company					
ASI - Funeral Trust of Alabama (AFDA) - RBC Trust Company					
BancorpSouth					
Cadence Bank, N.A.					
Citizens Bank of Fayette					
ClearPoint Federal Bank and Trust					
Community First Trust					
Community Neighbor Bank					
First Southern Bank					
Forethought Life Insurance Company					
Funeral Services Inc. for Live Oak Bank					
Grady C Hartzog Jr.					
Hancock Whitney					
HNB First Bank					
Iberia Bank					
Independence Trust Company					
Landmark Bank					
Oakworth Capital Bank					
Other					
PrimeSouth Bank					
Raymond James Trust, N.A.					
RBC Trust Company (Delaware) Limited (Individual Trust)					
Regions Bank - Funeral Trust Division					
Reliance Trust Company of Delaware					
Renasant Bank					
Southland National - Regions Bank Funeral Trust Division					

Adding a Trust Record:

You will add a separate trust record for each trust account.

- 1. Select Trustee:** Use the dropdown arrow to find and select the trustee if the trustee is not listed select "other".

Trust Funding Record(s)



Cancel

Trustee	Beginning Value(\$)	Ending Value(\$)	Trust Funded Change in Value(\$)	Deposits(\$)	Withdrawals(\$)
Select Trustee	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Previous Contracts	Written	Fulfilled	Cancelled	Outstanding Contracts
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please do not click SAVE more than one time. Save Trust Record



You must click “Save Trust Record” for the record you have just entered before adding a new trust record or going to the next funding method.

You will add a separate trust record for each trust account.

1. **Select Trustee:** Use the dropdown arrow to find and select the trustee if the trustee is not listed select “other”. (see previous slide)
2. Add “**Beginning Value**”: Dollar amount of the trust at the beginning of the reporting period.
3. Add “**Ending Value**”: Dollar amount of the trust at the end of the reporting period.
4. “**Change in Value**”: Value is automatically calculated.
5. “**Deposits**”: Total dollar amount of preneed funds collected and deposited into trust during the reporting period.
6. “**Withdrawals**”: Total dollar amount withdrawn from the trust(s) upon fulfillment of preneed contracts during the reporting period.
7. “**Previous Contracts**”: Number of contracts at the beginning of the reporting period and should be the same as the ending number of contracts from the previous period.
8. “**Written**”: Number of preneed contracts written since the last reporting period. Payments collected on some contracts may not be statutorily required to be deposited; however you should include these.
9. “**Cancelled**”: Any contracts cancelled since the last reporting period – includes transferred contracts.
10. “**Fulfilled**”: Any contracts fulfilled since the last reporting period.
11. “**Outstanding Contracts**”: Automatically calculated based on Previous, Written, Cancelled & Fulfilled contacts.

Insurance Record(s)



Insurer	Face Value(\$)	Previous Contracts	Insurance Funded			Outstanding Contracts
			Written	Fulfilled	Cancelled	
Select Insurer						
AMERICAN AMICABLE LIFE INS CO OF TEXAS						
AMERICAN GENERAL LIFE INS COMPANY						
AMERICAN MEMORIAL LIFE INSURANCE COMPANY						
ASSURANT SOLUTIONS - AMERICAN MEMORIAL LIFE INSURANCE COMPANY						
ATLANTIC COAST LIFE INSURANCE COMPANY						
FDLIC						
FORETHOUGHT LIFE INS CO						
FORTIS INSURANCE						
FUNERAL DIRECTORS LIFE INSURANCE COMPANY						
GLOBAL ATLANTIC FINANCIAL GROUP						
GREAT WESTERN INSURANCE COMPANY						
HOMESTEADERS LIFE COMPANY						
JEFFERSON NATIONAL LIFE INSURANCE COMPANY						
MADISON NATIONAL LIFE INSURANCE COMPANY						
MUTUAL SAVINGS LIFE INSURANCE COMPANY						
NATIONAL GUARDIAN LIFE INSURANCE COMPANY						
NATIONAL SECURITY INS CO						
OTHER - PRE-OWNED INSURANCE						
PRIMERICA LIFE INSURANCE COMPANY						
SECURITY NATIONAL LIFE INSURANCE COMPANY						
SOUTHLAND NATIONAL INSURANCE CORPORATION						

Adding an Insurance Record:

You will add a separate Insurer record for each insurance account.

Select Insurer: Use the dropdown arrow to find and select the insurer for the funding record. **Select “Other - Pre-owned Insurance”** as the Insurer for any contracts in which the preneed contract purchaser has provided an assignment to an insurance policy to cover the full amount of the preneed contract.

Insurance Record(s)



The insurance record is for recording insurance funded post-law preneed contracts.

DO NOT include insurance purchased by a trust
If the insurance is purchased by a trust, then this information will be on the trustee record and should be reported under “Trust Record(s)”.

Insurance Funded						
Insurer	Face Value(\$)	Previous Contracts	Written	Fulfilled	Cancelled	Outstanding Contracts
Select Insurer						

Please do not click SAVE more than one time. Save Insurance Record

You must click “Save Insurance Record” for the record you have just entered before adding a new trust record or going to the next funding method.

1. **Select Insurer:** Use the dropdown arrow to find and select the insurer for the funding record. **Select “Pre-owned Insurance” as the Insurer for any contracts in which the preneed contract purchaser has provided an assignment to an insurance policy to cover the full amount of the preneed contract.**
2. **Face Value:** The amount of insurance being purchased to fund the contract. If the insurance has a graded or limited death benefit, then the ultimate value should be recorded.
3. **Previous Contracts:** Numbers of contracts at the beginning of the reporting period; this should be the same as the Outstanding Contracts from the previous reporting period.
4. **Written:** Number of contracts written with this insurer since the last reporting period.
5. **Cancelled:** Number of contracts funded with this insurer that have been cancelled since the last reporting period, i.e. lapsed, cancelled, terminated, no longer in-force, and transferred but not paid out to the Certificate Holder.
6. **Fulfilled:** Number of contracts funded with this insurer that have been fulfilled since the last reporting period.
7. **Outstanding Contracts:** Number of contracts funded with this insurer, which remain outstanding/in-force at the end of this reporting period. Ending contracts should correlate to your preneed contract log.

LOC (Letter of Credit) Record



<input type="button" value="Cancel"/>								
Bank	LOC Number	Amount of LOC(\$)	LOC Funded					
<input type="text" value="Select Issuer"/>	<input type="text"/>	<input type="text"/>	Outstanding Liability(\$)					
	Previous Contracts	Written	Fulfilled	Cancelled	Outstanding Contracts			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Please do not click SAVE more than one time.		<input type="button" value="Save LOC Record"/>						



You must click “Save LOC Record” for the record you have just entered before adding a new trust record or going to the next funding method.

- **Select Bank:** Use the dropdown arrow to find and select the trustee for the funding record.
- **LOC Number:** Enter the LOC number as it appears on the letter of credit.
- **Amount of LOC:** Amount of the letter of credit.
- **Outstanding Liability:** Original retail amount of services, cash advances, and the actual cost to the entity to provide the undelivered merchandise for all preneed contracts funded by the letter of credit as of the end of the reporting period.
- **Previous Contracts:** Number of contracts at the beginning of the reporting period; this should be the same as the outstanding contracts from the previous reporting period.
- **Written:** Number of contracts written and covered by the letter of credit since the last reporting period. The contracts should be included in the “Outstanding Liability”.
- **Cancelled:** Number of contracts originally covered by the letter of credit, but were cancelled since the last reporting period.
- **Fulfilled:** Number of contracts originally covered by the letter of credit, but were fulfilled since the last reporting period.
- **Outstanding Contracts:** Number of contracts funded with this insurer, which remain outstanding/in-force at the end of this reporting period. Ending contracts should correlate to your preneed contract log.

Surety Bond



Cancel

Surety Bond Funded

Issuer	Bond Number	Amount of Bond(\$)	Outstanding Liability(\$)	Written	Fulfilled	Cancelled	Outstanding Contracts
Select Insurer							
ARGONAUT INSURANCE COMPANY							
BOND SAFEGUARD INSURANCE COMPANY							
LIBERTY MUTUAL INSURANCE COMPANY							
LIBERTY NATIONAL LIFE INSURANCE COMPANY							
OTHER INSURER - NOT LISTED							
RLI INSURANCE COMPANY							
SAFECO INSURANCE COMPANY OF AMERICA							
U S SPECIALTY INSURANCE COMPANY							
WESTCHESTER FIRE INSURANCE COMPANY							

Save Bond Record

ED THE BOTTOM PORTION OF THIS FORM MUST BE SUBMITTED.***

Adding a Surety Bond Record:

Select Insurer: Use the dropdown arrow to find and select the Insurer for the funding record.

If the company is not listed on the drop down menu choose "Other Insurer - Not Listed".

Surety Bond



Surety Bond Funded

Issuer	Bond Number	Amount of Bond(\$)	Outstanding Liability(\$)	Previous Contracts	Written	Fulfilled	Cancelled	Outstanding Contracts
<input type="text" value="Select Insurer"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please do not click SAVE more than one time.



You must click “Save Bond Record” for the record you have just entered before adding a new trust record or going to the next funding method.

1. **Select Insurer:** Use the dropdown arrow to find and select the insurer for the funding record.
2. **Bond Number:** Enter the bond number as it appears on the surety bond.
3. **Amount of Surety Bond:** Dollar amount of the surety bond.
4. **Outstanding Liability:** Original retail amount of services and cash advances and the actual cost to the entity to provide the undelivered merchandise for all preneed contracts funded by the surety bond as of the end of the reporting period.
5. **Previous Contracts:** Number of contracts at the beginning of the reporting period; this should be the same as outstanding contracts from the previous reporting period.
6. **Written:** Number of contracts which were written and covered by the surety bond since the last reporting period. The contracts should be included in the outstanding liability.
7. **Cancelled:** Number of contracts originally covered by the surety bond that were cancelled since the last reporting period.
8. **Fulfilled:** Number of contracts originally covered by the surety bond that were fulfilled since the last reporting period.
9. **Outstanding Contracts:** Total number of contracts covered by the surety bond.

Preparer Information



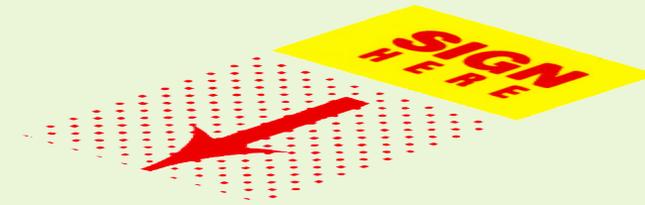
- Use the dropdown to indicate type of individual who prepared the semi-annual report.
- Provide the individual's contact information so we may contact the preparer with possible questions.

This is the person the Department will contact directly if we have any questions regarding the report.

It can be different from the person submitting the information on -line.

Preparer Information:	Select Preparer Type	Preparer Name:	<input type="text"/>
Preparer Position:	Company Representative		
	CPA/Bookkeeper	Preparer Email:	<input type="text"/>
	Other		
Preparer Phone:	<input type="text"/>		

E-Signature



This is the final Step before submission. It should be completed by the representative submitting the report. The 4-digit E-Signature is a number of the submitting representative's choosing.

Final Step

In order for the online portion of this report to be considered filed, you must complete the section below and click 'Submit E-Signature'. If you do not receive a confirmation page, your report was not accepted. Please contact Preeed for assistance. Your report is not considered complete until all supporting documentation has been submitted

E-Signature

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.

Please enter your full name and any four-digit number of your choosing to show your intention to sign this document.

Representative Name: 4-digit E-Signature:

Final Checklist

1. Make sure you receive a confirmation page.
2. Contact the Department immediately if you **do not** receive a confirmation at 334-240-4420.
3. Make sure statements are uploaded, faxed or emailed to the Department.

NOTE: Your filing is not complete until the Department is in receipt of the statements.



Preneed Contact Information

Phone: 334-240-4420

Fax: 334-206-6347

Email: Preneed@insurance.Alabama.gov

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

Document upload: go to ALDOI.gov Click on Preneed under Quick Links



Select "Document Upload" Hyperlink