



ALABAMA DEPARTMENT OF INSURANCE

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

PRENEED SEMI-ANNUAL ONLINE REPORTING INSTRUCTIONS

Upon clicking the link for [Preneed Online Reporting](#), you will see the below screen. You must enter your Company #, which is your Certificate of Authority number. Your password was originally provided in an e-mail. If you did not receive a password or have misplaced it, contact the Preneed Division: (334)240-4420 or preneed@insurance.alabama.gov.

A screenshot of the Preneed login interface. At the top, the word "Preneed" is displayed in a grey header. Below this, a paragraph states: "The Alabama Department of Insurance allows Preneed companies to submit reporting and renewal information, pay annual invoice and renew Preneed Sales Agents." This is followed by the instruction: "Please enter your company number and password below to login." There are two input fields: "Company #:" and "Password:". Below the fields is a "Submit" button.

Upon log-in, you will see the below screen. Select whether the reporting information is being submitted for the Certificate Holder or a Branch Registrant. You will have to return to this screen for each report you wish to submit, i.e. to submit reporting information for your Certificate of Authority and each Branch Registrant.

Reports are only available during the time listed. If you are trying to submit a report during the appropriate time period, but it does not appear to be available when you log in, you should contact the Preneed Division.

A screenshot of a reporting schedule page. It contains the following text: "First Period Semi-Annual reports may be submitted beginning July 1 and are due August 14", "Second Period Semi-Annual reports may be submitted beginning January, 14 and are due February 14", "SEMI-ANNUAL REPORTING", "[Semi-Annual Certificate of Authority Reporting Information](#)", "[Semi-Annual Branch Reporting Information](#)", and "Only active companies must submit semi-annual reports".

*These dates in the above screenshot may not reflect that actual dates for submitting your reports online. Please check our website for further details.

Submit Certificate of Authority Reporting Information

Selecting this option will take you to the below screen.

Certificate Of Authority Reporting

Company Number: 12345
Company Name: XYZ Preened Company
Address: PO BOX 1234
City/State/Zip: Hometown AL 78910
Phone: 1234567890

***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 Preened Funeral and Cemetery Act.**
***All fields are required. Make sure a fields are correct before submitting.**

Reporting Year:

First Period Second Period
(Jan 1 - June 30) (July 1 - Dec 31)

Company Information: Be sure all company information is correct before proceeding.

Reporting Year: The report should default to the correct year, however, you should ensure the year shown agrees with the year you wish to submit.

June 30th Filing or December 31st Filing: You must also choose the appropriate period for which you are reporting. Reports are due within 45 days of the end of the period.

June 30th Filing: reporting period of January 1th - June 30th

Due: August 14th

December 31st Filing: reporting period of July 1st- December 31st

Due: February 14th

Submit Branch Reporting Information – If you selected this option, then after you have confirmed the Reporting Year, Reporting Type, and the Reporting Period, then you will select the appropriate Branch for which you are submitting a report.

Select a branch and enter reporting information below.

- XYZ Funeral Home
- XYZ Cemetery
-

Funding Records

Next, you will add funding records which **ONLY** pertain to the entity that is being reported, i.e. the certificate holder when filing a Certificate Holder Report or the selected Branch Registrant when filing a Branch Report. Do not combine funding records for more than one licensed/registered entity.

If you are operating an additional location(s) under the same company name and the secondary location does not hold its own Certificate of Authority or Branch Registration, then the records should be combined and reported together.

If your COA only sells preneed through its Branch Registrants, the Certificate Holder is still required to submit semi-annual reports. These particular COAs are to use the combined contract totals of the branches.

For example:

Funeral Home A does not sell preneed, but has two Branch Registrants, Branch B and Branch C. Branch B has 7 contracts with 2 written and 1 fulfilled. Branch C has 9 contracts with 3 written, 1 cancelled and 4 fulfilled.

Funeral Home A needs to file a Branch Registrant Semi-Annual Report for each branch, but also needs to file a Certificate Holder Semi-Annual Report. The Certificate Holder Semi-Annual should report 16 contracts, 5 written, 1 cancelled, and 5 fulfilled.

Funding records are divided by type, i.e. Trust, Insurance, Letter of Credit (LOC) and Surety Bond.

ATTN: Do not rely solely on insurer policy listings or trust statements. Your preneed log should contain most of the information necessary to complete this report. Use both to ensure accuracy of both your filing and your preneed log.

[Add Trust Record](#)

[Add Insurance Record](#)

[Add LOC Record](#)

[Add Surety Bond Record](#)

SEMI-ANNUAL ONLINE REPORTING INSTRUCTIONS

Add Trust Record: You will add a separate trust record for each trust account used to fund post-law preneed contracts.

Please do not click SAVE more than one time.

<input type="button" value="Save Trust Record"/>		<input type="button" value="Cancel"/>			
Trustee	Beginning Market Value	Ending Market 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"/>
	Beginning Contracts	Written	Fulfilled	Cancelled	Ending Contracts
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Select Trustee: Use the dropdown arrow select the trustee for the funding record.

Beginning Value: Dollar amount of the trust at the beginning of the reporting period.

Ending Value: Dollar amount of the trust at the end of the reporting period.

Change in Value: This value will be automatically calculated.

Withdrawals: Total dollar amount withdrawn from the trust(s) upon fulfillment of preneed contracts during the reporting period.

Deposits: Total dollar amount of preneed funds collected and deposited into the trust during the reporting period.

Previous Contracts: Number of contracts at the beginning of the reporting period; this should be the same as the outstanding number of contracts from the previous reporting period.

Written: Number of preneed contracts written since the last reporting period. If you are not trusting 100% and the contract is not paid-in-full, then the payments collected on some contracts may not be statutorily required to be deposited; however, these contracts should be included in the report as well.

Cancelled: Number of contracts funded with this insurer that have been cancelled or transferred.

Fulfilled: Any contracts funded with this trustee that have been fulfilled since the last reporting period.

Outstanding Contracts: Automatically calculated based on Previous, Written, Cancelled, & Fulfilled Contracts

Add Insurance Record: You will add a new insurance record for each insurer used to fund post-law preneed contracts. **DO NOT include insurance purchased by a trust.** If the insurance is purchased by a trust, then the trust information and related preneed contracts should be included in a trustee record.

Please do not click **SAVE** more than one time.

Insurer	Face Value	Previous Contracts	Insurance Funded			
			Written	Cancelled	Fulfilled	Outstanding Contracts
Select Insurer ▼	<input type="text"/>					

Select Insurer: Use the dropdown arrow to 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.** If the “Pre-owned Insurance” does not cover the full amount of the contract and the preneed contract purchaser merely received a credit for the amount, then only report the contract under the ultimate funding method (trust, insurance, etc.) that was used to fund the net balance of the contract.

Face Value: The ultimate value of any annuities or the face value of life insurance in-force with this insurer used to fund preneed contracts. The face value initially purchased may not agree with the insurer policy listing as it will likely provide the current value of the annuity and the face value may or may not include additions or “bumps.”

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.

Written: Number of contracts written with this insurer since the last reporting period.

Cancelled: Number of contracts funded with this insurer that have been cancelled (including lapsed, terminated, no longer in-force) since the last reporting period, which were not paid out to the Certificate Holder.

Fulfilled: Number of contracts funded with this insurer that have been 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.

Add LOC (Letter of Credit) Record: You will add a separate LOC record for each letter of credit, even if each letter of credit is issued by the same bank.

Please do not click SAVE more than one time.

Save LOC Record Cancel

LOC Funded

Bank	LOC Number	Amount of LOC	Outstanding Liability		
Select Issuer ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Previous Contracts	Written	Cancelled	Fulfilled	Outstanding Contracts
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Select Bank: Use the dropdown arrow to select the trustee for the funding record.

LOC Number: Enter the number as it appears on the letter of credit.

Amount of LOC: Amount of the surety bond as it appears on 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 that are covered by the surety bond since the last reporting period. The contracts should be included in the outstanding liability.

Cancelled: Number of contracts originally covered by the surety bond, but were cancelled (including transferred contracts) since the last reporting period.

Fulfilled: Number of contracts originally covered by the surety bond, 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.

Add Surety Bond Record: You will add a separate Surety Bond record for each Surety Bond, even if each bond is issued by the same Insurer. You may include any pre-law preneed contracts being maintained in accordance with the Preneed Funeral & Cemetery Act as if written post-law.

Please do not click SAVE more than one time.

Save Bond Record Cancel

Surety Bond Funded

Issuer	Bond Number	Amount of Bond	Outstanding Liability			
Select Insurer ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>			
	Previous Contracts	Written	Cancelled	Fulfilled	Outstanding Contracts	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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

Bond Number: Enter the number as it appears on the surety bond.

Amount of Surety Bond: Dollar amount of the surety bond as it appears on the surety bond.

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.

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 that are covered by the surety bond since the last reporting period. The contracts should be included in the outstanding liability.

Cancelled: Number of contracts originally covered by the surety bond, but were cancelled, including transferred, since the last reporting period.

Fulfilled: Number of contracts originally covered by the surety bond, but were fulfilled since the last reporting period.

Outstanding Contracts: Total number of contracts covered by the surety bond and are included in the outstanding liability as of the end of the reporting period.

Totals

You should obtain the information for the “total” questions from your preneed contract log.

Totals	
Total contracts outstanding per preneed log:	<input type="text"/>
Total net sales of all outstanding preneed contracts per log:	<input type="text"/>

Total contracts outstanding per preneed log: Your preneed log should be up to date through the end of the reporting period. Enter the number of contracts that are shown as outstanding on your preneed contract log. Please be advised that we may request your preneed log to confirm the number.

Total net sales of all outstanding preneed contracts per your log: This is the net sales amount of all outstanding post-law preneed contracts according to your log. **Net Sales** is the total retail value of all outstanding post-law preneed contracts, regardless of funding method or whether paid-in-full, less any discounts or credit for insurance applied to the contract.

Preparer Information

The preparer is the person who compiled the semi-annual report for filing. This could be the company’s CPA, bookkeeper, office manager, etc. This is the person the Department will contact directly with any questions we may have concerning the filing.

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

Preparer Position:	<input type="text" value="Select preparer type"/>	Preparer Name:	<input type="text"/>
Preparer Email:	<input type="text"/>	Preparer Phone:	<input type="text" value="() -"/>

Preparer Position: indicate title of the person responsible for providing the preneed information

Preparer Name: first and last name of the person responsible for the information provided.

Preparer Email: enter the best email address for the person that will be able to answer all questions pertaining to the semi-annual report. Please be sure that it is an email address that is monitored on a daily basis in order to ensure timely responses.

Preparer Phone: enter the best contact phone number, including area code.

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.

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:

ATTENTION: You should receive a confirmation page stating that your filing has been submitted. The certificate holder is responsible for submitting the supporting documentation for its funding records (and those of its branches). Your filing is not considered complete until the Department has received your funding statements.

Supporting documents should be submitted through Document Upload, by fax, or by electronic mail.