



Division of Insurance

PRENEED FUNERAL CONTRACT SELLER ANNUAL REPORT - AGGREGATE MERCHANDISE SALES AND DISPOSITION

Year Ending December 31, 2011

COMPANY Address Contact PHONE Title

INSTRUCTIONS: This form is to be completed by all preneed sellers who use preneed funds to purchase merchandise in lieu of trusting. The number of merchandise units purchased during the current period should equal the total number of merchandise units shown on Line 3(c) of the Trust Funded Annual Report.

Table with 2 columns: Description of merchandise units, and an empty column for data entry. Rows include: Total number of merchandise units as of December 31, 2010; Total number of merchandise units purchased during period; Total number of merchandise units used during period for performance of preneed contracts; Total number of merchandise units as of December 31, 2011.

DISPOSITION OF THE TOTAL NUMBER OF MERCHANDISE UNITS:

Supplier paid - not yet transferred to preneed seller
In possession of preneed seller:
Storage Location:

Is Merchandise Fully Insured? Yes No

Name of Insurer

*Description of Merchandise: (i.e. caskets, markers, etc.)

Name (Individual) (Title)

of lawful age, hereby certifies that the foregoing information is a full and true statement of preneed funeral contract transactions, through December 31, 2011, according to the best of my information, knowledge and belief.

Date Signature

