

**PRENEED FUNERAL CONTRACT SELLER
ANNUAL REPORT - INSURANCE FUNDED
Year Ending December 31, 2011**

COMPANY _____ PHONE _____
Address _____
Contact _____ Title _____

NOTE: COPY AND COMPLETE THIS FORM FOR EACH INSURANCE COMPANY CURRENT SALES OR IF THERE ARE EXISTING CONTRACTS IN FORCE.

INSURANCE COMPANY _____
Address _____
Contact _____ Phone _____

BEGINNING OF PERIOD

**NUMBER OF
CONTRACTS**

Contracts (Plans) Sold and Not Yet Performed:

Total Preneed Contract Price (as listed on face of the preneed contract for all listed items, including cash advances)	_____	_____
Total insurance policies	_____	_____
initial death benefit <u>assigned</u>	_____	_____
current death benefit <u>assigned</u>	_____	_____

TRANSACTIONS DURING PERIOD

Contracts (Plans) Sold During Period:

Total Preneed Contract Price (as listed on face of the preneed contract for all listed items, including cash advances)	_____	_____
Total insurance policies	_____	_____
initial death benefit <u>assigned</u>	_____	_____
current death benefit <u>assigned</u>	_____	_____

Contracts (Plans) Performed or terminated:

Total Preneed Contract Price (as listed on face of the preneed contract for all listed items, including cash advances)	_____	_____
Total insurance policies	_____	_____
initial death benefit <u>assigned</u>	_____	_____
current death benefit <u>assigned</u>	_____	_____

Contracts (Plans) Sold and Not Yet Performed:

Total Preneed Contract Price (as listed on face of the preneed contract for all listed items, including cash advances)	_____	_____
Total insurance policies	_____	_____
initial death benefit <u>assigned</u>	_____	_____
current death benefit <u>assigned</u>	_____	_____

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

Updated: 12/5/11 E-mail inquiries to: DOI.corporateaffairs@DORA.state.co.us