PRENEED SELLER RENEWAL/ANNUAL REPORT
Reporting Period: September 1, 2019- August 31, 2020

Preneed Seller: _____ **License Number:** _____

SECTION O: Insurance Funded Preneed Contract(s) Account Information: (this page to be used in conjunction with page 7 of the annual report)

Name of Insurance Company _____

For the time period of ***September 1, 2019 TO August 31, 2020*** please list each contract sold:

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8	COLUMN 9	COLUMN 10	COLUMN 11	COLUMN 12	COLUMN 13	COLUMN 14
Preneed contract sequential number	Date of preneed contract	Name of preneed contract	Address of insured in column 3	Name of purchaser	Address of purchaser	Owner of insurance policy (completion optional)	Face amount of preneed contract	Status of insurance policy (in force, paid in full, lapsed, reduced paid up, etc.)	Total face value of insurance policy (amount the policy was written for)	Amount of funds the seller directly received on each preneed contract (all monies received)	Date the amount in column 11 was forwarded to the insurance company	Fulfilled, cancelled or transferred	If this contract is funded by insurance and any other funding source(s), indicate the other source (joint or trust) and report in the appropriate section(s)

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Please replicate this page as often as needed to list each contract sold. PLEASE NOTE THAT SECTIONS O and P MUST ACCOMPANY THIS PAGE(S).