2024 PRE-NEED ANNUAL REPORT

State of Nebraska Department of Insurance

Pursuant to NEB. REV. STAT. § 12-1110, each pre-need seller shall file an Annual Report for the 2024 calendar year with the Nebraska Department of Insurance. The Annual Report must be filed **on or before June 1, 2025**, on such forms as prescribed by the Nebraska Department of Insurance. All completed Annual Reports should be remitted to the following address:

Overnight Mail Address: Nebraska Department of Insurance 1526 K St, Suite 200 Lincoln, NE 68509 Postal Service Address: Nebraska Department of Insurance PO Box 95087 Lincoln, NE 68509-5087

The Annual Report, when filed with the Nebraska Department of Insurance, shall be accompanied by a fee of fifty dollars (\$50) and should not include any transaction relating to funeral arrangements entered into prior to January 1, 1987, as pre-1987 contracts are outside of the jurisdiction of the Nebraska Burial Pre-Need Sale Act

1. Licensee Name:				
2. FEIN :				
3. Business Address:				
4. Business Telephone:				
5. E-Mail Address, if any:				
6. List Branch Locations:				
7. Does this report cover all bra	nch locations?	YES	No	
I hereby certify that the information Pre-Need Sale Act.	_	CERTIFICATION his report is true	e and correct and in compliand	ce with the Burial
Signature - Authorized Represen	ntative		Title of Authorized Repres	sentative

LETTER OF CREDIT/SURETY BOND

to any past or present pre-need sa trust account:		,	,
	YES	No	
If "Yes" is marked, please attach a c Report. Failure to provide notification pre-need seller or the failure to provi violation of the Nebraska Burial Pre-N	n to the Departmen ide a copy of the le	nt of the use of a letter of credit	or surety bond by the

PRE-NEED AGENTS CEASING EMPLOYMENT IN 2024

List the names of individuals who stopped working for you in 2024. The Department will inactivate their pre-need agent licenses. If no agents ceased working, please write in "NONE".

Name	Pre need license number	Employment End Date

DO NOT LEAVE THIS TABLE BLANK!
IF NO RESIGNATIONS, PLEASE WRITE "NONE."

SCHEDULE IA Individual Trust Account Balances

TRUSTEE NAME	COMPLETE STRE	EET ADDRESS		OF DECEMBER 31,2024
	 Street			\$
	Street			
	City	State	Zip code	
	_			\$
	Street			
	City	State	Zip code	
	_			\$
	Street			
	City	State	Zip code	
				\$
	Street			
	City	State	Zip code	
	<u></u>			\$
	Street			
	City	State	Zip code	
	·		·	\$
	Street			
	City	State	Zip code	
	- ,		,	\$
	Street			
	City	State	Zip code	
	- ,		,	\$
	Street			<u> </u>
	City	State	Zip Code	
			FROM THIS PAGE	\$
	TOTAL EDO	OM ALL SCHEDULE		\$
	IOIALINO			

If more space is needed, use additional copies of this Schedule

Schedule IIA	
Reconciliation of Individual Trust Accounts	

1.	Enter balance of trust accounts as of December 31, 2023, from the 2023 Annual Report	\$
Tri	JST PRINCIPAL ADDITIONS	
2.	Enter 2024 gross pre-need trust agreement receipts	\$ _
3.	Enter amounts excluded from trust requirements in 2024 (up to 15%)	\$ _
4.	Subtract line 3 from line 2 for net principal added to trust accounts during 2024	\$ _
5.	Enter interest and/or dividends earned by trust accounts during 2024	\$ _
6.	Add line 4 and line 5 for total principal added to trust accounts during 2024	\$
Tri	JST PRINCIPAL DISTRIBUTIONS	
7.	Enter amount disbursed from trust during 2024 for agreement performances*	\$ _
8.	Enter amount disbursed from trust during 2024 for agreement cancellations*	\$ _
9.	Enter amount disbursed from trust during 2024 for construction*	\$ _
10.	Enter 2024 trust fees/expenses, including taxes, paid from 2024 trust income	\$ _
11.	Add lines 7 through 10 for total trust distributions	\$
Tri	JST ACCOUNT BALANCE	
12.	Aggregate balance of trust accounts as of December 31, 2024 (line 1 + line 6 – line 11)	\$

If the ending balances of Schedules IA and IIA do not match, a reconciliation of the difference must be attached to this report.

^{*} Include all 2024 income which was earned by and distributed with the account.