

2019 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 2019 calendar year with the Nebraska Department of Insurance. The Annual Report must be filed **on or before June 1, 2020**, on such forms as prescribed by the Nebraska Department of Insurance. All completed Annual Reports should be remitted to the following address:

State of Nebraska Department of Insurance
1135 M Street, Suite 300
P.O. Box 82089
Lincoln, NE 68501-2089

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 branch locations? YES _____ No _____

CERTIFICATION

I hereby certify that the information contained in this report is true and correct and in compliance with the Burial Pre-Need Sale Act.

Signature - Authorized Representative

Title of Authorized Representative

Printed Name - Authorized Representative

Date

SCHEDULE IIA
Reconciliation of Individual Trust Accounts

1. Enter balance of trust accounts as of December 31, 2018, from the 2018 Annual Report \$ _____

TRUST PRINCIPAL ADDITIONS

2. Enter 2019 gross pre-need trust agreement receipts \$ _____

3. Enter amounts excluded from trust requirements in 2019 (up to 15%) \$ _____

4. Subtract line 3 from line 2 for net principal added to trust accounts during 2019 \$ _____

5. Enter interest and/or dividends earned by trust accounts during 2019 \$ _____

6. Add line 4 and line 5 for total principal added to trust accounts during 2019 \$ _____

TRUST PRINCIPAL DISTRIBUTIONS

7. Enter amount disbursed from trust during 2019 for agreement performances* \$ _____

8. Enter amount disbursed from trust during 2019 for agreement cancellations* \$ _____

9. Enter amount disbursed from trust during 2019 for construction* \$ _____

10. Enter 2019 trust fees/expenses, including taxes, paid from 2019 trust income \$ _____

11. Add lines 7 through 10 for total trust distributions \$ _____

TRUST ACCOUNT BALANCE

12. Aggregate balance of trust accounts as of December 31, 2019 (line 1 + line 6 – line 11) \$ _____

*** Include all 2019 income which was earned by and distributed with the account.**

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