

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:

Overnight Mail Address:
Nebraska Department of Insurance
1135 M St, Suite 300
Lincoln, NE 68508

Postal Service Address:
Nebraska Department of Insurance
PO 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 IIB
Calculation of 2019 Income Required to be Retained in Trust

1. Enter the trust principle balance as of December 31, 2018 \$ _____
 - If using Schedule IVB – Line 1
 - If using for Schedule IIIA, enter the total trust account balance as of December 31, 2018
2. Percentage increase in National CPI for 2018 .017 (1.7% increase)
3. Multiply line 1 by line 2 for the 2019 income required to be retained in trust \$ _____

SCHEDULE IIIB
2019 Income Required to be Retained in Trust

Name of Trustee: _____

	TRUST ACCOUNT NUMBER	AMOUNT OF 2019 INCOME REQUIRED TO BE RETAINED
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____
6.	_____	\$ _____
7.	_____	\$ _____
8.	_____	\$ _____
9.	_____	\$ _____
10.	_____	\$ _____
TOTAL FROM THIS PAGE		\$ _____
TOTAL FROM ALL SCHEDULE IIIB PAGES USED (Should equal amount on Schedule IIB, line 3)		\$ _____

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

SCHEDULE IVB
Reconciliation of Master Trust Accounts (MTA)

1. Enter the principle balance of the MTA as of December 31, 2018
(Line 19 from 2018 Schedule IVB minus income withdrawn during 2019) \$ _____

MASTER 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. Calculate net principal added to MTA during 2019 (line 2-3) \$ _____

MASTER TRUST PRINCIPAL DISTRIBUTIONS

5. Enter 2019 contract performance disbursements \$ _____

6. Enter 2019 contract cancellation disbursements \$ _____

7. Enter 2019 construction disbursements \$ _____

8. Calculate 2019 total distributions (line 5+6+7) \$ _____

MASTER TRUST REQUIRED INCOME RETENTION

9. Required CPI Income Retention (line 3 from 2019 Schedule IIB) \$ _____

10. MTA Principal balance as of December 31, 2019 (line 1+4-8+9) \$ _____

CALCULATION OF TRUST INCOME AVAILABLE FOR DISTRIBUTION

11. Prior Year Income excess/deficit (Line 19 from prior year report) \$ _____

12. Enter 2019 Gross Realized Gains earned by the MTA \$ _____

13. Enter 2019 Gross Realized Losses earned by the MTA \$ _____

14. Calculate 2019 MAT Net Gain/Loss – Current Year income (line 12-13) \$ _____

15. Enter amount of income withdrawn during 2019 \$ _____

16. Enter 2019 income distributed for performance, cancellations, construction \$ _____

17. Enter 2019 MTA administrative fees/expenses, including taxes paid from
2019 trust income (this amount cannot exceed amount on line 14) \$ _____

18. Enter 2019 income required to be retained (Line 3, Schedule IIB) \$ _____

19. MTA income available for distribution to pre-need seller (line 11+14-15-16-17-18) \$ _____
*Note, if this amount is a negative, no income can be withdrawn from MTA

TOTAL CONTRACT OBLIGATIONS AS OF DECEMBER 31, 2019

20. Enter amount of total pre-need contract obligations outstanding as of December 31, 2019
\$ _____