

2020 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 2020 calendar year with the Nebraska Department of Insurance. The Annual Report must be filed **on or before June 1, 2021**, 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 IB
Master Trust Account Balances

TRUSTEENAME	COMPLETE STREET ADDRESS	MARKET VALUE OF MASTER TRUST PRINCIPAL AS OF DECEMBER 31, 2020
-------------	-------------------------	--

	Street	\$ _____
--	--------	----------

City	State	Zip code
------	-------	----------

	Street	\$ _____
--	--------	----------

City	State	Zip code
------	-------	----------

	Street	\$ _____
--	--------	----------

City	State	Zip code
------	-------	----------

	Street	\$ _____
--	--------	----------

City	State	Zip code
------	-------	----------

	Street	\$ _____
--	--------	----------

City	State	Zip code
------	-------	----------

	Street	\$ _____
--	--------	----------

City	State	Zip code
------	-------	----------

	\$ _____
--	----------

	\$ _____
--	----------

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

SCHEDULE IIB
Calculation of 2020 Income Required to be Retained in Trust

1. Enter the trust principle balance as of December 31, 2019 \$ _____
 - If using Schedule IVB – Line 1
 - If using for Schedule IIIA, enter the total trust account balance as of December 31, 2019
2. Percentage increase in National CPI for 2019 0.013 (1.3% increase)
3. Multiply line 1 by line 2 for the 2020 income required to be retained in trust \$ _____

SCHEDULE IIIB
2020 Income Required to be Retained in Trust

Name of Trustee: _____

	TRUST ACCOUNT NUMBER	AMOUNT OF 2020 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, 2019
(Line 19 from 2019 Schedule IVB minus income withdrawn during 2020) \$ _____

MASTER TRUST PRINCIPAL ADDITIONS

2. Enter 2020 gross pre-need trust agreement receipts \$ _____

3. Enter amounts excluded from trust requirements in 2020
(up to 15%) \$ _____

4. Calculate net principal added to MTA during 2020 (line 2-3) \$ _____

MASTER TRUST PRINCIPAL DISTRIBUTIONS

5. Enter 2020 contract performance disbursements \$ _____

6. Enter 2020 contract cancellation disbursements \$ _____

7. Enter 2020 construction disbursements \$ _____

8. Calculate 2020 total distributions (line 5+6+7) \$ _____

MASTER TRUST REQUIRED INCOME RETENTION

9. Required CPI Income Retention (line 3 from 2020 Schedule IIB) \$ _____

10. MTA Principal balance as of December 31, 2020 (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 2020 Gross Realized Gains earned by the MTA \$ _____

13. Enter 2020 Gross Realized Losses earned by the MTA \$ _____

14. Calculate 2020 MTA Net Gain/Loss – Current Year income (line 12-13) \$ _____

15. Enter amount of income withdrawn during 2020 \$ _____

16. Enter 2020 income distributed for performance, cancellations, construction \$ _____

17. Enter 2020 MTA administrative fees/expenses, including taxes paid from
2020 trust income (this amount cannot exceed amount on line 14) \$ _____

18. Enter 2020 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, 2020

20. Enter amount of total pre-need contract obligations outstanding as of December 31, 2020 \$ _____