

STATEMENT OF PRENEED SALES
UNDER EACH INDIVIDUAL TRUST, SURETY BOND, OR INSURER
Division of Funeral, Cemetery, and Consumer Services
FORM DFS-PNL-R3A

Pursuant to Chapter 497, F.S., all preneed contracts must be secured by trust funds, surety bonds, or insurance policies. Please **make copies of this page and complete a separate copy of this page for each trustee, surety, and insurance company** under which you have outstanding preneed contracts. Provide data for Calendar Year (CY) 20____. Complete Sections A & B; then complete C, D, or E as applicable (depending on whether this page relates to trust-funded, insurance-funded, or surety-bonded preneed contracts).

Prenneed licensee: «LicenseeName2»

License #: «LICENSEE_LICENSE_NUM» **Calendar year:** 20____

SECTION A. Name of Trustee, Servicing Agent, Insurance Company and/or Surety Company, which secured sales made during the calendar year:

Name _____ Account Number _____

Address _____

Telephone _____

SECTION B.

	Number	Gross Sales
1. PRENEED CONTRACTS ENTERED INTO DURING CY	(B1a) _____	(B1b) \$ _____
2. PRENEED CONTRACTS CANCELLED DURING CY	(B2a) _____	(B2b) \$ _____
3. PRENEED CONTRACTS FULFILLED DURING CY	(B3a) _____	(B3b) \$ _____
4. PRENEED CONTRACTS OUSTANDING AT CY END	(B4a) _____	(B4b) \$ _____

SECTION C.

	Principal	Interest
Balance in Trust Fund	(C1) \$ _____	(C2) \$ _____

SECTION D. Face value amount of unfulfilled preneed insurance contracts funded by life insurance issued by this insurer, as of CY end: (D1) \$ _____

SECTION E.

1. SURETY BOND FACE VALUE	(E1) \$ _____
2. OUTSTANDING SURETY BOND LIABILITY (as of CY end)	(E2) \$ _____

SECTION F. The following person is available to supply further information, if needed, to the Department:

Print Name and Title: _____ Telephone Number: _____

E-Mail Address: _____