

**NORTH CAROLINA BOARD OF FUNERAL SERVICE  
2016 ANNUAL REPORT  
PRENEED FUNERAL CONTRACTS**

**SECTION ONE**

Name of Funeral Home \_\_\_\_\_

Preneed Funeral Establishment Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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**SECTION TWO**

This section is used to report the total number of standard and/or inflation-proof trust funded and insurance funded contracts maintained by your funeral home. This information must be reported as of December 31, 2016.

1. *Standard Contracts:*  
Insurance Funded \_\_\_\_\_  
Trust Funded \_\_\_\_\_

2. *Inflation-proof Contracts:*  
Insurance Funded \_\_\_\_\_  
Trust Funded \_\_\_\_\_

3. *Number of new contracts sold in 2016:* \_\_\_\_\_

4. *Number of contracts performed or closed in 2016:*  
a. Number of contracts performed due to death \_\_\_\_\_  
b. Number of contracts revoked/cancelled by purchaser \_\_\_\_\_  
c. Number of contracts transferred by purchaser to another funeral home \_\_\_\_\_  
TOTAL (a, b & c) \_\_\_\_\_

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**SECTION THREE**

This section is used to report the total year-end balance of all your **PRENEED TRUST CONTRACTS** maintained at each financial institution. You should refer to your 2016 year-end bank statements or records to complete the information below.

**Instructions:**    *(Applies to active accounts only)*

1. Each financial institution in which preneed trust funds are deposited must be reported.
2. The total number of trust accounts, with year-end principal and interest, should be calculated to report the combined trust balance.
3. All trust account information must be reported as of December 31, 2016.
4. IF YOUR FIRM HAS NO PRENEED TRUST CONTRACTS, WRITE 'NONE' ON THIS SHEET.

Financial Institution & Address	Number of Trust Accounts	Interest Earned 2016	Total Trust on Deposit (Including Interest)

Total Accounts \_\_\_\_\_

Total Interest \_\_\_\_\_

Name of Funeral Home \_\_\_\_\_

Total Trust \_\_\_\_\_

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**SECTION FOUR**

This section is used to report the total year-end balance of all your **PRENEED INSURANCE CONTRACTS** written through each company.

**Instructions:** *(Applies to active accounts only)*

1. Each insurance company through which you have written policies (or otherwise received an interest in) **on or after July 9, 1992** must be reported.
2. The total number of insurance contracts written (or otherwise received an interest in) **on or after July 9, 1992** must be reported.
3. All insurance information must be reported as of **December 31, 2016**. (This applies only to insurance funded contracts dated on or after July 9, 1992.)
4. **IF YOUR FIRM HAS NO PRENEED INSURANCE FUNDED CONTRACTS, WRITE 'NONE' ON THIS SHEET.**
5. Pursuant to changes enacted by the General Assembly as part of Session Law 2008-531, insurance companies that assign policy proceeds or designate a preneed funeral establishment as beneficiary shall also forward an account balance to the contracting preneed funeral establishment at the end of each calendar year. If an insurance company refuses to provide this information, please attach a copy of your letter requesting the information and the insurance company's refusal letter.

Insurance Company	Number of Policies	Aggregate Amount Of Policies

Total Policies \_\_\_\_\_

Name of Funeral Home \_\_\_\_\_

Total Amount \_\_\_\_\_

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**SECTION FIVE**

**CERTIFICATION TO THE NORTH CAROLINA BOARD OF FUNERAL SERVICE**

To the best of my knowledge and belief, I hereby certify this annual report represents a true and accurate accounting of all preneed contracts held under this firm's preneed establishment license and that the contents of this report and attached printout of preneed contracts are true and accurate.

\_\_\_\_\_  
Name of Funeral Home

\_\_\_\_\_  
Signature of Owner/Corporate Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
STATE OF NORTH CAROLINA COUNTY

Sworn to and subscribed before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Notary's Printed Name

[seal] My Commission expires: \_\_\_\_\_