Name of Preneed Seller & P.S. License Number*

Business Location *

EXHIBIT A

ANNUAL REPORT BY A PRENEED SELLER 2009

* = required data

COMPREHENSIVE REPORT OF BANK TRUSTS BY LOCATION

Name & Full Address of Financial Institution: *

Financial Institution Contact Person & Telephone Number:*

Beginning Balance on 1/1/09:* $

2009 Change in Account Balances* $

Ending Balance on 12/31/09:* $

523A Contract Funding %* %

NON-COMPREHENSIVE REPORT OF TRUST-FUNDED CONTRACTS WRITTEN AND/OR AMENDED OUTSTANDING BETWEEN 1/1/2009 and 12/31/2009

1	2	3	4	5	6	7	8	9	10	11	12
Fee Pd. (x)	Purchaser/Owner (Name & Address)	Beneficiary Name (if different)	Contract Number	Original Date of Contract	Total Contract Amount	Contract Amount Subject to 523A %	Payments Received This Year	Amount Deposited in Trust This Year	Current Balance of Account	Amount Withdrawn This Year	Reason Withdrawn
Total					Total			Total	Total	Total	