



**Report of Active Insurance Funded Pre-Need Contracts**  
(Include all Insurance Funded Pre-Need written thru **August 31, 2010**)

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The Board requests that you complete and file this report with the Board by **January 31, 2011**. This report will be used by the Board as a component of initial and continuing education examination as required under sections 436.470.2 and 333.315.

This form must be accompanied by a validation document from the insurance company listed below that validates each policy. **Complete one form for each insurance company used by the preneed seller completing this report. In lieu of completing Section Two a computer print out generated by your insurance company that contains the minimum information required, may be attached to this form.**

<b>SECTION ONE:</b>	
_____ (please print name of seller)	Seller license number:
Name and Address of Insurance Company:	Provider license number (if applicable):
	Date Report Completed:

<b>SECTION TWO: List all active insurance preneed contracts (Additional space is needed. Please use page two)</b>								
Insured name	Original date of preneed contract	Preneed contract number (if applicable)	Insurance policy number	Face value of contract	Is the contract in force	Type of insurance (single pay, multiple pay, annuity)	Is the contract paid in full	Any misc. funding relative to the preneed contract

<b>SECTION THREE:</b> Please include supporting documentation from the insurance company that verifies the following totals.	
Total number of active preneed contracts	Total face value of active preneed contracts

<b>SECTION FOUR: Notary Section</b>		
I hereby swear that the information herein contained, as well as all information on any attachment(s) to this report, is true and complete in every respect and has not been altered or revised.		
<b>NOTARY SECTION</b>	SIGNATURE	<b>NOTARY PUBLIC SEAL/STAMP</b>
	PLEASE PRINT NAME AND TITLE	
STATE OF MISSOURI	COUNTY	
Subscribed and sworn to (or affirmed) before me this ____ day of _____, 20____.		
NOTARY PUBLIC SIGNATURE	COMMISSION EXPIRES	
NOTARY PUBLIC PRINTED NAME		

Sample Form Do Not Use For Renewal

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This page may be duplicated if additional sheets are necessary

<b>SECTION TWO CONTINUED : List all active insurance preneed contracts</b>								
Insured name	Original date of preneed contract	Preneed contract number (if applicable)	Insurance Policy number	Face value of contract	Is the contract in force	Type of insurance (single pay, multiple pay, annuity or assignment)	Is the contract paid in full	Any misc. funding relative to the preneed contract

**Sample Form Do Not Use For Renewal**