

**PRENEED SELLER RENEWAL/ANNUAL REPORT**  
**Reporting Period: September 1, 2011 - August 31, 2012**

**Preneed Seller:**  
**License Number:**

**SECTION Q: Insurance Funded Preneed Contract(s) w/ Insurance assignments account information:**

**Complete one report for each insurance company. If this section doesn't apply please mark NA in the spreadsheet below and continue to Section S.**

Section 436.460, RSMo identifies the reporting requirements of insurance funded preneed contract **sold** pursuant to Sections 436.400-436.525 RSMo.

For the time period of **September 1, 2011 TO August 31, 2012** please list each contract **sold**:

Additional sheets are available on our website <http://pr.mo.gov/embalmers>. **In lieu of completing the spreadsheet below, a computer print out generated by your firm that contains the information required may be attached to this form.**

	A: Name and Address of Insurance Company	B: Name and Address of Insurance Company	C: Name and Address of Insurance Company	D: Name and Address of Insurance Company
Preneed Contract Sequential Number				
Date of preneed contract				
Name on Preneed Contract				
Address of insured in Row 3				
Name of Purchaser				
Address of Purchaser				
Owner of insurance policy(completion optional)				
Face Amount of preneed contract				
Status of insurance policy (in force, paid in full, lapsed, reduced paid up, etc., if known)				
Total face value of insurance policy(amount the policy was written for, if known)				
Amount of funds the seller directly received on each preneed contract (all monies received)				
Fulfilled, cancelled or transferred				

**SECTION R: CERTIFICATION (Section to be completed by an authorized representative of the preneed seller)**

I certify under oath that the information listed in **Section Q** that is required by section 436.460 RSMo is complete and correct attested to the best of my knowledge.

<b>NOTARY SECTION</b>	Authorized Representative Signature	<b>NOTARY PUBLIC SEAL/STAMP</b>
	Authorized Representative Print Name and Title	
State of <b>MISSOURI</b>	<b>COUNTY OF</b>	
Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____		
Notary Public Signature:		
Notary Public Name Printed:		

**PRENEED SELLER RENEWAL/ANNUAL REPORT**  
**Reporting Period: September 1, 2011 - August 31, 2012**

**Preneed Seller:**  
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**SECTION S:**

**CONSENT TO INVESTIGATE, EXAMINE AND/OR AUDIT ACCOUNTS, BOOKS AND RECORDS AND ATTESTATION**

I hereby authorize and instruct the financial institution(s), insurance companies and the custodian listed on this renewal/annual report to allow at any time without prior notice any inspector, examiner, or auditor of the State Board of Embalmers & Funeral Directors to investigate, examine and/or audit any of seller's joint or trust account(s), established under 436.400 to 436.520 RSMo, or seller's books and records relating to the sale of preneed contracts. I understand that the State Board of Embalmers and Funeral Directors may order this investigation, examination and/or audit at its discretion, and I consent to such an investigation, examination and/or audit. I hereby swear that the information herein contained on this renewal/annual report, 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>	Authorized Representative Signature	<b>NOTARY PUBLIC SEAL/STAMP</b>
	Print Name	
State of <b>MISSOURI</b>	<b>COUNTY OF</b>	
Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____		
Notary Public Signature:		
Notary Public Name Printed:		

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