

CFH-2

For Official Use Only

COMMONWEALTH OF KENTUCKY  
OFFICE OF THE ATTORNEY GENERAL  
1024 Capital Center Drive  
Frankfort, KY 40601-8201

DATE RECEIVED	_____
FEE PAID	_____
DATE REVIEWED	_____
REVIEWED BY	_____

**PRE-NEED BURIAL CONTRACT ANNUAL REPORT COVER SHEET**  
**For the period ending December 31, 2015 (This report is due by 3/31/16)**

\_\_\_\_\_  
Name PNBL#

\_\_\_\_\_  
Location

\_\_\_\_\_  
Mailing Address

Attached is a true and correct report of activity in the pre-need funeral trust fund accounts that existed during the calendar year. This report shows the activity in all of the trust fund accounts as of December 31 of the year for which this report is filed: (1) all of the pre-need burial contracts that have ever been sold by this firm for which services have not yet been performed and monies have not yet been refunded (that is, contracts that are still in existence on December 31 of the year for which this report is filed); and (2) those pre-need burial contracts for which services were performed and/or monies were refunded during the calendar year (that is, those accounts that had a positive balance on January 1, but show a zero (0) balance as of December 31).

RECONCILIATION

Total Beginning Balance of Trust		\$ _____
Deposits:		
Total Additions	\$ _____	
Total Earnings	\$ _____	
Total Deposits		\$ _____
Withdrawals:		
Total Refunds/Conversions	\$ ( _____ )	
Total Serviced	\$ ( _____ )	
Total Withdrawals		\$ ( _____ )
Unrealized gains/losses from market changes		\$ _____
Ending Balance of Trust		\$ _____

I certify under penalty of law that I am authorized to complete this annual report form and that it represents, to the best of my knowledge, an accurate accounting of all pre-need funds for the year for which this report is filed.

\_\_\_\_\_  
PRINT NAME TITLE SIGNATURE

Subscribed and sworn to me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_