2024 PRE-NEED ANNUAL REPORT

State of Nebraska Department of Insurance

Pursuant to NEB. REV. STAT. § 12-1110, each pre-need seller shall file an Annual Report for the 2024 calendar year with the Nebraska Department of Insurance. The Annual Report must be filed **on or before June 1, 2025**, on such forms as prescribed by the Nebraska Department of Insurance. All completed Annual Reports should be remitted to the following address:

Overnight Mail Address:	Postal Service Address:
Nebraska Department of Insurance	Nebraska Department of Insurance
1526 K St, Suite 200	PO Box 95087
Lincoln, NE 68509	Lincoln, NE 68509-5087

The Annual Report, when filed with the Nebraska Department of Insurance, shall be accompanied by a fee of fifty dollars ($50) and should not include any transaction relating to funeral arrangements entered into prior to January 1, 1987, as pre-1987 contracts are outside of the jurisdiction of the Nebraska Burial Pre-Need Sale Act.

1. Licensee Name: _____

2. **FEIN**: _____

3. Business Address: _____

   _____

4. Business Telephone: _____

5. E-Mail Address, if any: _____

6. List Branch Locations: _____

   _____

   _____

   _____

7. Does this report cover all branch locations? YES _____ NO _____

CERTIFICATION

I hereby certify that the information contained in this report is true and correct and in compliance with the Burial Pre-Need Sale Act.

_____ _____

Signature - Authorized Representative | Title of Authorized Representative

_____ _____

Printed Name - Authorized Representative | Date

LETTER OF CREDIT/SURETY BOND

During the 2024 calendar year, was a letter of credit or surety bond utilized by your licensed entity in relation to any past or present pre-need sale in lieu of placing funds from said sale in an individual or master trust account:

YES _____ NO _____

If "Yes" is marked, please attach a copy of the most current letter of credit or surety bond to this Annual Report. Failure to provide notification to the Department of the use of a letter of credit or surety bond by the pre-need seller or the failure to provide a copy of the letter of credit or surety bond to the Department is a violation of the Nebraska Burial Pre-Need Sale Act.

PRE-NEED AGENTS CEASING EMPLOYMENT IN 2024

List the names of individuals who stopped working for you in 2024. The Department will inactivate their pre-need agent licenses. If no agents ceased working, please write in "NONE".

Name	Pre need license number	Employment End Date

DO NOT LEAVE THIS TABLE BLANK!
IF NO RESIGNATIONS, PLEASE WRITE "NONE."

SCHEDULE IA
Individual Trust Account Balances

TRUSTEE NAME	COMPLETE STREET ADDRESS	TRUST PRINCIPAL AS OF DECEMBER 31,2024
_____	_____ Street _____ City State Zip code	$_____
_____	_____ Street _____ City State Zip code	$_____
_____	_____ Street _____ City State Zip code	$_____
_____	_____ Street _____ City State Zip code	$_____
_____	_____ Street _____ City State Zip code	$_____
_____	_____ Street _____ City State Zip code	$_____
_____	_____ Street _____ City State Zip code	$_____
_____	_____ Street _____ City State Zip Code	$_____
	TOTAL FROM THIS PAGE	$ _____
	TOTAL FROM ALL SCHEDULE IA PAGES USED	$ ==========

If more space is needed, use additional copies of this Schedule

SCHEDULE IIA
Reconciliation of Individual Trust Accounts

1. Enter balance of trust accounts as of December 31, 2023, from the 2023 Annual Report $_____

TRUST PRINCIPAL ADDITIONS

2. Enter 2024 gross pre-need trust agreement receipts $_____
3. Enter amounts excluded from trust requirements in 2024 (up to 15%) $_____
4. Subtract line 3 from line 2 for net principal added to trust accounts during 2024 $_____
5. Enter interest and/or dividends earned by trust accounts during 2024 $_____
6. Add line 4 and line 5 for total principal added to trust accounts during 2024 $_____

TRUST PRINCIPAL DISTRIBUTIONS

7. Enter amount disbursed from trust during 2024 for agreement performances* $_____
8. Enter amount disbursed from trust during 2024 for agreement cancellations* $_____
9. Enter amount disbursed from trust during 2024 for construction* $_____
10. Enter 2024 trust fees/expenses, including taxes, paid from 2024 trust income $_____
11. Add lines 7 through 10 for total trust distributions $_____

TRUST ACCOUNT BALANCE

12. Aggregate balance of trust accounts as of December 31, 2024 (line 1 + line 6 – line 11) $_____

**** Include all 2024 income which was earned by and distributed with the account.***

If the ending balances of Schedules IA and IIA do not match, a reconciliation of the difference must be attached to this report.