DEPARTMENT OF FINANCIAL SERVICES
Division of Funeral, Cemetery, and Consumer Services
200 East Gaines Street
Tallahasse, FL 32399-0361

PRENEED TRUST FUND - ANNUAL TRUSTEE REPORT

Pursuant to Section 497.458, F.S., and Rule 69K-7.0095, F.A.C., beginning April 1, 2018, a trustee that held a preneed license trust at any time during the previous calendar year shall file this report with the Department.

Section 1. LICENSEE INFORMATION

Calendar Year ending December 31st: _____

Name of Licensee: _____

License Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Email Address: _____

Section 2. CALENDAR YEAR REPORTING

Check here if there is only one trustee for the entire reporting year and complete the first column below. If there is more than one trustee, complete both columns below.

	As of January 1st	As of December 31st
Trustee Name:		
Street Address:		
City, State, Zip Code:		
Trust Account No.:		
Contact Person:		
Contact Phone Number:		
Trustee Appointment Date:		
Trustee Resignation Date:		
Date Assets Moved to Successor Trustee:		
Fair Market Value of Assets Sent to Successor Trustee:		

Section 3. TRUST ACTIVITY

Check here if there is only one trustee for the entire reporting year and complete the first column below.
If there is more than one trustee, complete both columns below.

	As of January 1st	As of December 31st
Beginning Fair Market Value		
Fulfillments		
Cancellations		
Defaults		
Ending Fair Market Value		

Section 4. TRUSTEE'S ACCOUNT MANAGER SIGNATURE

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

By signing below, I attest that I have read the foregoing application and the facts stated in it are true to the best of my knowledge and belief.

Signature of Trustee's Account Manager

Date Signed

Print name of Trustee's Account Manager