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

SUMMARY OF PRENEED ACTIVITY

Total all information from each Form DFS-PNL-R3A you are filing with the application for preneed licensure renewal.

Section 1. LICENSEE INFORMATION

Name: _____

Preneed license number: _____

For renewal effective on: 7/1/20

For the Year Ending *(MM/DD/YYYY)*: _____

Contact person name: _____ **Contact person phone number:** _____ **Contact person email address:** _____

Section 2. PRENEED CONTRACTS

	Number	Gross Sales
2A. Preneed contracts **entered into** during calendar year:		
2B. Preneed contracts **cancelled** during calendar year:		
2C. Preneed contracts **fulfilled** during calendar year:		
2D. Preneed contracts **outstanding at** calendar year end:		

Section 3. BALANCE IN TRUST FUND

Principal: $ _____

Interest: $ _____

Section 4. INSURANCE COMPANY

Face value amount of unfulfilled preneed insurance contracts funded by life insurance issued by this insurer as of the calendar year end: $ _____

Section 5. SURETY BOND

Surety bond face value: $ _____

Outstanding surety bond liability *(as of calendar year end)***:** $ _____

Section 6. SIGNATURE

Pursuant to Section 497.159, F.S., the act of knowingly giving false information in the course of applying for or obtaining a license, with intent to mislead the board or a public employee in the performance of her or his official duties, or the act of attempting to obtain or obtaining a license by knowingly misleading statements or knowing misrepresentations, constitutes a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

Under penalties of perjury, I declare that I have read the foregoing statement and that the facts stated in it are true to the best of my knowledge and belief.

Signature of Licensee or Representative

Date Signed

Print name of Licensee or Representative

Mail completed renewal application with all attachments and required fees to:

Division of Funeral, Cemetery, and Consumer Services
Revenue Processing
P.O. Box 6100
Tallahassee, FL 32314-6100

Attach check or money order payable to the Dept of Financial Services