



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

**PRENEED FUNERAL CONTRACT CONSUMER PROTECTION TRUST FUND REMITTANCE**

**In compliance with Sections 497.458 or 497.464:**

\_\_\_\_\_ contracts sold for \$1500 or less X \$1.00 = \$ \_\_\_\_\_  
 \_\_\_\_\_ contracts sold in excess of \$1500 X \$1.00 = \$ \_\_\_\_\_

**In compliance with Sections 497.461 or 497.462:**

\_\_\_\_\_ contracts sold for \$1500 or less X \$1.00 = \$ \_\_\_\_\_  
 \_\_\_\_\_ contracts sold in excess of \$1500 X \$1.00 = \$ \_\_\_\_\_

**Insurance Funded Contracts:**

\_\_\_\_\_ contracts sold for \$1500 or less X \$1.00 = \$ \_\_\_\_\_  
 \_\_\_\_\_ contracts sold in excess of \$1500 X \$1.00 = \$ \_\_\_\_\_

AMOUNT DUE \$ \_\_\_\_\_

(Make check payable to "Department of Financial Services". Mail form and payment to: Division of Funeral, Cemetery & Consumer Services, Revenue Processing, P.O. Box 6100, Tallahassee, FL 32314-6100.)

LICENSE NUMBER: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

ADDRESS

CITY STATE ZIP

**REMITTANCE DUE WITHIN 60 DAYS AFTER THE END OF THE QUARTER FOR WHICH IT IS PAID.  
 Include all preneed contracts for all locations selling under this Preneed License.**

I certify this report is true and correct to the best of my knowledge, information & belief.

\_\_\_\_\_  
 Print Name of Authorized Agent

\_\_\_\_\_  
 Signature of Authorized Agent

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Telephone Number

*FOR OFFICE USE ONLY*

<u>BT</u>	<u>RSC</u>	<u>FT</u>	
V	3703	F	\$ 1.00 per contract written