

QUARTERLY PRENEED REMITTANCE INVOICE
 Division of Funeral, Cemetery, and Consumer Services

This Invoice is for: _____ (e.g. 3rd Qtr, 2009)

Deadline for payment: 60 days after the qtr ends

PRENEED MAIN LICENSE NUMBER: _____ FEIN: _____

RETURN A COPY OF THIS INVOICE WITH YOUR CHECK TO:

Dept of Financial Services
 P O Box 6100
 Tallahassee, FL 32314-6100

TO: _____

Make Check payable to
 "Dept of Financial Services"

DEAR PRENEED LICENSEE: Fill out ALL of parts (1) through (8) below, and return this invoice with a check for the amount entered in item (J) below, to the address shown above. Include in the numbers entered below all preneed contracts sold by yourself and all your branches (if any) that operate under your preneed main license. You may exclude contracts totally cancelled within 30 days of signing. Payment must be received by the payment deadline stated above; late payment will result in a fine of \$200 the first time and \$400 thereafter (Board rule 69K-11.003(2)(a)11 and 12). Please complete and return this Invoice even if all entries are Zero.

(1) TRUST FUND CONTRACTS (preneed contracts sold this quarter that are subject to trust fund deposit requirements under 497.458 or 497.464).

of Trust Fund contracts sold this Qtr (A) _____ times \$1 each = (B) \$ _____

(2) INSURANCE FUNDED CONTRACTS (preneed contracts sold this quarter that are funded by a life insurance policy).

of Insurance Funded contracts sold this Qtr (C) _____ times \$1 each = (D) \$ _____

(3) SURETY BONDED CONTRACTS. This row relates to preneed contracts sold this quarter whose performance is secured by a surety bond under 497.461.

of Surety Bonded contracts sold this Qtr (E) _____ times \$5 each = (F) \$ _____

(4) TOTAL # of preneed contracts sold [add (A), (C) and (E) and enter the number here]: (G) _____

(5) CONSUMER PROTECTION TRUST FUND remittance portion

Add (B), (D) and (F) and enter here: (H) \$ _____ RSC 319

(6) REGULATORY TRUST FUND remittance portion

Multiply the number in (G) times 6 and enter the result here: (I) \$ _____ RSC 330

(7) **TOTAL REMITTANCE DUE** [add (H) and (I) and enter result here]: (J) \$ _____

SEND ONE CHECK FOR THE AMOUNT IN ITEM (J), WITH A COMPLETED COPY OF THIS INVOICE, TO THE ADDRESS SHOWN ABOVE.

(8) CERTIFICATION [preneed licensee must cause the certification below to be executed by its authorized representative before returning this Invoice with payment]

 Print Name of Authorized Representative

 Signature of Authorized Representative

 Date Signed

Business Phone # (____) _____

Questions? Call Division staffer Christine Lynn at 850-413-3039.

FOR DFS ACCOUNTING BUREAU USE: (H) RSC - 319 (J) RSC - 330