

**COLORADO**Department of
Regulatory Agencies

Division of Insurance

Preneed Funeral Contract Seller
Annual Report: Aggregate Merchandise Sales and Disposition*
Year Ending December 31, 2025

Company: _____ **Phone:** _____

Address: _____

Contact: _____ **Title:** _____

Cell #: _____ **NAIC / FEIN:** _____

*This form is to be completed by all preneed sellers who use preneed funds to purchase merchandise in lieu of trusting. The number of merchandise units purchased during the current period should equal the total number of merchandise units in the Annual Report – Trust-Funded form, line 3(c).

| | |
|---|--|
| Total number of merchandise units as of January 1, 2025 | |
| Total number of merchandise units purchased during period | |
| Total number of merchandise units used during period for performance of preneed contracts | |
| Total number of merchandise units as of December 31, 2025 | |

Disposition of Total Number of Merchandise Units

Supplier paid (not yet transferred to preneed seller): _____

In possession of preneed seller: _____

Storage Location: _____

Description of Merchandise (i.e., caskets, markers, etc.)

Name of Individual Completing/Signing Form (please print)

Title

Signature

The above authorized signer, who is of lawful age, attests that the foregoing information is a full and true statement of preneed funeral contract transactions, through December 31, 2025, according to the best of my information, knowledge, and belief.

E-mail inquiries (Attn. Preneed) to: DORA_INS_CorporateAffairs@state.co.us

