



**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.)

Is Merchandise Fully Insured: ☐ No ☐ Yes → **Insurer:** _____

Name of Individual Completing/Signing Form (please print) Title

Date 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

