



COLORADO
Department of
Regulatory Agencies

Division of Insurance

Preneed Contract Seller
Annual Report — Insurance-Funded
Year Ending December 31, 2025

Company _____ Phone _____

Address _____

Contact _____ Title _____ Phone _____

Copy and complete this form for each Insurance Company with existing contracts in force.

Insurance Company _____

Address _____

Contact (pls. print) _____ Phone _____

Beginning Balance (as of 12-31-2024)

Contracts (Plans) Sold and Not Yet Performed:

Total Preneed Contract Price—as listed on face of preneed
contract for all listed items, incl. cash advances

Total Insurance Policies

Initial death benefit assigned

Current death benefit assigned

Transactions During Year (01-01-2025 to 12-31-2025)

Contracts (Plans) Sold During Period:

Total Preneed Contract Price—as listed on face of preneed
contract for all listed items, incl. cash advances

Total insurance policies

Initial death benefit assigned

Current death benefit assigned

Contracts (Plans) Performed or Terminated:

Total Preneed Contract Price—as listed on face of preneed
contract for all listed items, incl. cash advances

Total insurance policies

Initial death benefit assigned

Current death benefit assigned

End-of-Year (as of 12-31-2025)

Contracts (Plans) Sold and Not Yet Performed:

Total Preneed Contract Price—as listed on face of preneed
contract for all listed items, incl. cash advances

Total Insurance Policies

Initial death benefit assigned

Current death benefit assigned

Name of Individual Completing/Signing Form (pls. 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 queries (Attn Preneed) to: DORA_INS_CorporateAffairs@state.co.us.

