MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

MARK HAIRE
Deputy Commissioner of Insurance

MISSISSIPPI INSURANCE DEPARTMENT
LICENSING DIVISION
P.O. BOX 79
JACKSON, MS 39205-0079

PROFESSIONAL BAIL BOND AGENT FINANCIAL STATEMENT

_____
Name of Professional Bail Agent

_____ _____
License No. ***Business Trade Name***

_____
Physical Address *(Street and Number)* *City or Town* *State* *Zip Code*

_____
Mailing Address *(Street and Number)* *City or Town* *State* *Zip Code*

_____
County

_____
Telephone

_____
Email Address

STATE OF MISSISSIPPI

County of _____

I hereby certify that the foregoing information and state of financial condition is true and correct to the best of my knowledge and belief.

_____
Professional Bail Bond Agent (signature required)

Sworn to and subscribed before me, the undersigned authority in and for the State and Count this day of _____, 20_____.

My commission expires_____ _____
Notary Public

Professional Bail Bond Agent Financial Statement

Year Ending December 31, 2019

Assets	**Amount in Dollars**
Cash - checking accounts……	_____
Cash - savings accounts……..	_____
Certificates of deposit……	_____
Securities - stocks / bonds / mutual funds……	_____
Notes & contracts receivable……	_____
Life insurance (cash surrender value)……	_____
Personal property (autos, jewelry, etc.)……	_____
Retirement Funds (eg. IRAs, 401k)……	_____
Real estate (market value)……	_____
Other assets (*specify below*)……	_____
_____	
_____	
_____	
_____	
_____	
_____	
Total Assets……..	_____

Liabilities	**Amount in Dollars**
Accounts Payable……..	_____
Notes payable……	_____
Taxes payable……	_____
Real estate mortgages ……	_____
Other liabilities (*specify below*)……	_____
_____	
_____	
_____	
_____	
_____	
_____	
Total Liabilities……	_____

Net Worth…….. _____

(Supplemental Financial Information can be provided on Page 3 if needed)

My total pending liabilities as endorser, professional bail bond agent as of 12/31/20_____.

$_____.00

Are any judgements or lawsuits pending against you? ☐ **YES** ☐ **NO** (If "YES" Explain Below)

Provide any supplemental financial information in the space below.

Print Clear Form