MIKE CHANEY
Commissioner of Insurance

MARK HAIRE
Deputy Commissioner of Insurance

501 N. West St.
1001 Woolfolk State Office Building
Jackson, MS 39201
P.O. Box 79
Jackson, MS 39205

ANNUAL REPORT OF PROFESSIONAL BAIL AGENTS
LIMITED/PERSONAL SURETY

Due June 1 each year for the period of January 1 – December 31 of previous year

Full Name: _____License Number_____
First Middle Last

Resident Address:_____
Street City State Zip code

Mailing Address:_____
Street City State Zip code

Business Telephone Number:_____ Home Telephone Number:_____

Business Trade Name:_____ Business E-mail Address:_____

1. Total amount of bonds written during this period: $_____
2. Total amount of bonds outstanding at the end of this period: $_____
3. Total **number** of bonds written during this period: _____ (example 10, 25, 100 etc.)

Limited Surety Agents: Name(s) of your insurance company_____

_____

PLEASE ATTACH THE FOLLOWING:

A. A list of all other business activities
B. The name and address of each soliciting bail agent and/or bail enforcement agent employed or used by you.

I hereby certify that the information contained herein and attached hereto is true and correct to the best of my knowledge.

_____ _____
Date Signature of Professional Bail Agent

Sworn to and subscribed this _____ day of _____, 20____

_____
Notary Public

Rev. 06/2016

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