

MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

MARK HAIRE
Deputy Commissioner of Insurance



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MISSISSIPPI INSURANCE DEPARTMENT

501 N. WEST STREET, SUITE 1001
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JACKSON, MISSISSIPPI 39201
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**ANNUAL PREMIUM FILING FORM FOR
RISK PURCHASING GROUPS AND RISK RETENTION GROUPS**

(Report is due no Later than March 1st)

In accordance with Miss. Code Ann. § 83-55-16 (Rev. 1999), please complete this annual report and return to the:

Mississippi Insurance Department
Attn: Accounting Division
P. O. Box 79
Jackson, MS 39205-0079

Name of Group Reporting: _____

Contact Person (Print or Type): _____ Phone No: _____

Contact Person Signature: _____

TOTAL PREMIUMS WRITTEN FOR THE YEAR \$ _____

TOTAL TAXES PAID FOR THE YEAR \$ _____

Total premiums written for January - March \$ _____

Total premiums written for April - June \$ _____

Total premiums written for July - September \$ _____

Total premiums written for October - December \$ _____

Failure to comply with Miss. Code Ann. § 83-55-16 (Rev. 1999), shall be subjected to disciplinary action, including revocation of registration to operate in Mississippi.