

MISSISSIPPI INSURANCE DEPARTMENT LICENSING DIVISION

P.O. BOX 79 JACKSON, MS 39205-0079

PROFESSIONAL BAIL BOND AGENT FINANCIAL STATEMENT

Name of Profession	nal 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 MISSISS	SIPPI					
County of						
I hereby certify that best of my knowled	t the foregoing information an Ige and belief.	nd state of financial condi	tion is true and	correct to the		
Professional Bail Bo	and Agent (signature required)					
Sworn to and subsc	ribed before me, the undersig, 20	gned authority in and for	the State and Co	ount this day of		
My commission exp	pires					
			Notary Public			

Professional Bail Bond Agent Financial Statement

Year Ending December 31, 2020

<u>Assets</u>	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	
<u>Liabilities</u>	Amount in Dollars
A	
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	f 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 bel	ow.			
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