

MIKE CHANEY Commissioner of Insurance State Fire Marshal

MARK HAIRE Deputy Commissioner of Insurance

PROFESSIONAL BAIL BOND AGENT FINANCIAL STATEMENT

Name of Professior	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	IPPI			
County of				
I hereby certify that best of my knowled	t the foregoing information ar Ige and belief.	nd state of financial condi	tion is true and	correct to the
Professional Bail Bo	nd Agent (signature required,	-)		
	ribed before me, the undersi	gned authority in and for t	he State and Co	ount this day of
My commission exp	pires		Noton, Dublic	
			Notary Public	

Professional Bail Bond Agent Financial Statement

Year Ending December 31, 2021

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 (<i>specify below</i>)	
Total Assets	
<u>Liabilities</u>	Amount in Dollars
Accounts Payable	
Notes payable	
Taxes payable	
Real estate mortgages	
Other liabilities (<i>specify below</i>)	
Total Liabilities	
Not Morth	
<u>Net Worth</u>	
(Supplemental Financial Information can be provided on Page 3 if needed)	
	£ 40/04/04
My total pending liabilities as endorser, professional bail bond agent as o	1 12/31/21

\$_____.00

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

Provide any supplemental financial information in the space below.