



MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

DAVID BROWNING
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, 2023

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*).....

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Total Assets.....

Liabilities

Amount in Dollars

Accounts Payable.....
Notes payable.....
Taxes payable.....
Real estate mortgages
Other liabilities (*specify below*).....

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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 12/31/2023.

\$.....00

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

Provide any supplemental financial information in the space below.