



MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

David Browning
Deputy Commissioner of
Insurance

MISSISSIPPI INSURANCE DEPARTMENT

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WOOLFOLK BUILDING
JACKSON, MISSISSIPPI 39201
www.mid.ms.gov

MAILING ADDRESS
Post Office Box 79
Jackson, MS 39205-0079
TELEPHONE: (601) 359-3569
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Burial Associations

Pursuant to Miss. Code Ann. § 83-37-19, all burial associations shall file with the Commissioner of Insurance an annual report for the previous year ending December 31st **on or before February 15th** of each year.

The completed annual report should be mailed to:

Mississippi Insurance Department
Attn: Financial & Market Regulation Division
P O Box 79
Jackson MS 39205-0079

The Department will mail to your association an invoice for the \$100.00 examination fee as well as the renewal fee for the association's license.

Note: Until the Annual Report and the invoiced fee(s) are received, the association's license will not be renewed.

Any questions regarding the annual report and examination fee should be addressed to the Financial and Market Regulation Division of the Mississippi Insurance Department at telephone number (601) 359-3569 or filings@mid.ms.gov.

Any questions regarding the Renewal of the Associations License and/or the invoice fee(s) should be directed to the Statutory Compliance Division of the Mississippi Department at telephone number (601) 359-3569 or compliance@mid.ms.gov.

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2024
OF THE CONDITIONS AND AFFAIRS OF THE

(NAME OF BURIAL ASSOCIATION)

LICENSE NO

HOME OFFICE

MAILING ADDRESS

(Street and Number)

(Telephone Number)

(City or Town)

(State)

(Zip Code)

MADE TO THE
COMMISSIONER OF INSURANCE
OF THE STATE OF MISSISSIPPI
PURSUANT TO THE LAWS THEREOF

OFFICERS/OWNERS (List full name and address)	
Name	Address

STATEMENT CONTACT: (Person preparing statement)

(Name)

(Phone)

(Alternate Phone Number)

(Email)

It is imperative that the statement contact person listed above be accessible should further clarification be required.

STATE OF MISSISSIPPI

County of

I, the undersigned officer of, or one of the owners of, the hereinbefore named Burial Association or Society, hereby certify, on oath, that the information given herein is true and correct to the best of my knowledge and belief.

(President's or Owner's Name)

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

INSTRUCTIONS

Please read these instructions carefully before completing this annual statement.

SECTION I
Section I is a statement of income and expenses which should be taken directly from the cash receipts and cash disbursements records of the association.

SECTION II
Section II is the balance sheet for your company, which should reflect all ledger assets, and all the liabilities as of December 31. Funeral Home assets should not be included.

SECTION III
Section III reflects the actual number of contracts in force as of the end of the year and any increases/decreases in contracts that occurred during the year.

SECTION IV
Section IV should reflect the total number of agents representing the association as of the statement year end. In addition to this section a listing of all agents representing the association should be attached including the full name and addresses of each. Please indicate if any agents were new for the reporting period.

This statement should be filed with the Department no later than February 15 of each year.

ALL ASSOCIATIONS ARE REQUIRED TO KEEP COMPLETE RECORDS OF ALL TRANSACTIONS AND KEEP THEM SEPARATE FROM ALL OTHER BUSINESS ENGAGED IN BY THE OWNERS.

SECTION I		Current Year	Prior Year
1. (Cash) Balance from Previous Year.....			
INCOME/RECEIPTS			
2. Fees and Gross Income Received During Year.....			
3. Interest on Bonds and Stock Dividends.....			
4. Other income (itemize).....			
5.			
6.			
7. TOTAL INCOME (Add Lines 2-6).....			
EXPENSES			
15. Commissions paid to agents, solicitors and collectors.....			
16. Death Claims paid during year.....			
17. Salaries paid to officers and employees.....			
18. Insurance Department fees and licenses			
19. Insurance Department Audit Fees.....			
20. Other Auditing Fees.....			
21. Rent and general office expense.....			
22. Equipment and supplies.....			
24. Other Expenses (itemize).....			
25.			
26.			
27.			
28. TOTAL EXPENSES (Add Lines 15-27).....			
NET INCOME (Line 7 minus Line 28).....			
29			

SECTION II		Current Year	Prior Year
ASSETS			
30. Cash on hand and in bank.....			
31. Stocks, bonds and securities on deposit with State.....			
32. Other investments			
33. Office furniture and fixtur			
34. Office equipment and supplies.....			
35. Other Assets (itemize).....			
36. 37.			
..... 38. TOTAL ASSETS (Add Lines 30-			
37).....			
LIABILITIES			
39. Funeral Benefits payable.....			
40. Bills and accounts payable.....			
41. Other Liabilities (itemize).....			
42.			
43.			
44.			
45. TOTAL LIABILITIES (Add Lines 39-44).....			
46.			
47. NET ASSETS (Line 38 minus Line 45).....			

SECTION III POLICIES/CONTRACTS	Number of Burial Policies (1)	Number of Persons Covered (2)	Amount of Burial Insurance In Force (3)
48. Balance December 31 of Previous year.....			\$
49. Insurance written during the year.....			
50. TOTALS (columns 1 & 2).....			
51. Terminated by death during the year.....			
52. Terminated by lapse during the year.....			
53. BALANCE DECEMBER 31 of current year			\$

SECTION IV POLICIES/CONTRACTS	Number
54. Agents representing Association.....	
Mandatory: Attach a list of all agents representing the association including names and addresses and indicate any new agents. All Agents are required to hold an Active License In Mississippi.	

Re: Association Name: _____
Address: _____

Please complete the information below for each agent representing the association in order for the association to be in compliance with the 2024 Annual Statement Filing requirements. It is mandatory this information be returned with the Annual Statement by February 15th, 2024. **Note: All agents representing the association are required to hold an active license with the State of Mississippi.**

MIKE CHANEY
COMMISSIONER OF INSURANCE

	Last Name	First Name	Address	License Number
1				
2				
3				
4				
5				
6				
7				
8				

____ There are no agents representing the above named Burial Association.

I, the undersigned officer /owner of the above named Burial Association hereby certify that this information is true and correct to the best of my knowledge and belief.

(President or Owner's Signature)