



**MIKE CHANEY**  
Commissioner of Insurance  
State Fire Marshal

**MARK HAIRE**  
Deputy Commissioner of  
Insurance

## MISSISSIPPI INSURANCE DEPARTMENT

501 N. WEST STREET, SUITE 1001  
WOOLFOLK BUILDING  
JACKSON, MISSISSIPPI 39201  
www.mid.state.ms.us

MAILING ADDRESS  
Post Office Box 79  
Jackson, MS 39205-0079  
TELEPHONE: (601) 359-3569  
FAX: (601) 359-1951

### INSTRUCTIONS FOR APPLICATION VERIFYING ELIGIBILITY AS SURPLUS LINES INSURER IN THE STATE OF MISSISSIPPI

1. The Mississippi Insurance Department accepts only electronic submission of the application. Submit applications to [Regulation@mid.state.ms.us](mailto:Regulation@mid.state.ms.us) to assure receipt and prompt processing by this Department. After submission of the application electronically, the payment of the annual \$500.00 fee must be submitted to P.O. Box 79 Jackson, MS 39205. All payments must be made payable to the Mississippi Insurance Department.
2. Submit with the application the most recent annual financial statement as filed with the domiciliary state. If the most recent financial statement has been filed with the National Association of Insurance Commissioners, the applicant may incorporate that filing by reference.
3. Submit with the application quarterly financial statements for all quarters subsequent to the most recent annual statement. If the most recent financial statement has been filed with the National Association of Insurance Commissioners, the applicant may incorporate that filing by reference.
4. Submit with the application a certificate of compliance issued by the domiciliary state which clearly indicates the line or lines of insurance which the applicant is authorized to write in that state. The certification must be dated within six (6) months of submittal of the application.
5. Submit with the application a plan of operation which briefly describes the types of business and products which the company intends to write in Mississippi on a surplus lines basis.
6. Complete and submit the attached attestation.



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**ATTESTATION**

STATE OF \_\_\_\_\_

COUNTY OR PARISH OF \_\_\_\_\_

**BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_ who, after being duly sworn, did depose and say they have personal knowledge of the information submitted with this application and that all information contained in this application and all attachments thereto are complete, true and correct.**

**They do further attest that the following statement is true and correct:**

- 1. The applicant currently possesses a minimum capital and surplus of at least \$15,000,000.00 pursuant to Miss. Code Ann. § 83-21-17.**
- 2. The applicant is currently licensed in its domiciliary state to write the line or lines of insurance which the applicant will be writing in Mississippi with no restrictions or limitations on the Certificate of Authority of the company in its domiciliary state pursuant to Miss. Code Ann. § 83-21-19.**

\_\_\_\_\_  
Printed Name and Title of Applicant Representative

\_\_\_\_\_  
Signature of Applicant Representative

SWORN TO and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

\_\_\_\_\_  
My Commission Expires