



MISSISSIPPI INSURANCE DEPARTMENT
1001 Woolfolk Building (39201)
Post Office Box 79
Jackson, Mississippi 39205-0079
(601) 359-3569 FAX (601) 359-1951

ANNUAL REPORT OF PROFESSIONAL BAIL AGENTS LIMITED/PERSONAL SURETY

Due June 1 each year for the period of January 1 - December 31 of previous year.

Full Name: _____ License Number: _____
(First) (Middle) (Last)

Residence Address: _____
(Street) (City) (State) (Zip)

Mailing Address: _____
(Street) (City) (State) (Zip)

Business Telephone Number: _____ Home Telephone Number: _____

1. Total amount of bonds written during this period: \$ _____
2. Total amount of bonds outstanding at the end of this period: \$ _____
3. Total number of bonds written during this period: _____ (example: 10, 25, 100, etc.)

Limited Surety Agents: Name of your insurance company _____

PLEASE ATTACH THE FOLLOWING:

- A. A list of all other business activities.
- B. The name and address of each soliciting bail agent and/or bail enforcement agent employed or used by you.

I hereby certify that the information contained herein and attached hereto is true and correct to the best of my knowledge.

Date

Signature of Professional Bail Agent

Sworn to and subscribed this _____ day of _____, 20 _____.

Notary Public