

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



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**DAVID BROWNING**  
Deputy Commissioner of Insurance

MISSISSIPPI INSURANCE DEPARTMENT  
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JACKSON, MISSISSIPPI 39201  
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## ANNUAL PREMIUM FILING FORM FOR RISK PURCHASING GROUPS AND RISK RETENTION GROUPS

(Report is due no Later than March 1<sup>st</sup>)

In accordance with Miss. Code Ann. § 83-55-16 (Rev. 1999), please complete this annual report and return to the:

Mississippi Insurance Department  
Attn: Accounting Division  
P. O. Box 79  
Jackson, MS 39205-0079

Name of Group Reporting: \_\_\_\_\_

Contact Person (Print or Type): \_\_\_\_\_ Phone No: \_\_\_\_\_

Contact Person Signature: \_\_\_\_\_

**TOTAL PREMIUMS WRITTEN FOR THE YEAR**      \$ \_\_\_\_\_

**TOTAL TAXES PAID FOR THE YEAR**              \$ \_\_\_\_\_

Total premiums written for January - March      \$ \_\_\_\_\_

Total premiums written for April - June            \$ \_\_\_\_\_

Total premiums written for July - September      \$ \_\_\_\_\_

Total premiums written for October - December   \$ \_\_\_\_\_

Failure to comply to Miss. Code Ann. § 83-55-16 (Rev. 1999), shall be subjected to disciplinary action, including revocation of registration to operate in Mississippi.