



STATE OF MISSISSIPPI
Mississippi Insurance Department

GEORGE DALE
Commissioner of Insurance
State Fire Marshal

RONALD E. HANNA
Deputy Commissioner

1804 Walter Sillers Building (39201)
Post Office Box 79
Jackson, Mississippi 39205-0079
(601) 359-3569
FAX (601) 359-2474
<http://www.doi.state.ms.us>

December 10, 1998

Bulletin No. 98-9

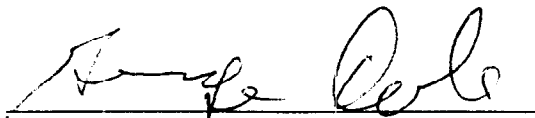
BULLETIN TO ALL PROFESSIONAL BAIL AGENTS

RE: CHANGE IN ANNUAL REPORT FILING DATE

Mississippi Legislature, 1998 Regular Session, amended Section 83-39-13, Mississippi Code of 1972, Annotated, to take effect and be in force from and after July 1, 1998. This law changed the Annual Report deadline to be made on a calendar basis before June 1 of each year.

The required Annual Report must include financial information for the period of January 1 to December 31, 1998, and be received in our department before June 1, 1999. Failure to file this report will result in non-renewal of your privilege tax license.

A revised Annual Report form is attached for your convenience.


George Dale
Commissioner of Insurance

GD/be



MISSISSIPPI INSURANCE DEPARTMENT
1804 Walter Sillers Building (39201)
Post Office Box 79
Jackson, Mississippi 39205-0079
(601) 359-3569 FAX (601) 359-2474

**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 _____, 19 _____.

Notary Public