



MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

MARK HAIRE
Deputy Commissioner of Insurance

MISSISSIPPI INSURANCE DEPARTMENT
LICENSING DIVISION
P.O. BOX 79
JACKSON, MS 39205-0079

PROFESSIONAL BAIL BOND AGENT FINANCIAL STATEMENT

Name of Professional Bail Agent

License No.

Business Trade Name

Physical Address *(Street and Number)* *City or Town* *State* *Zip Code*

Mailing Address *(Street and Number)* *City or Town* *State* *Zip Code*

County

Telephone

Email Address

STATE OF MISSISSIPPI

County of _____

I hereby certify that the foregoing information and state of financial condition is true and correct to the best of my knowledge and belief.

Professional Bail Bond Agent (signature required)

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

Professional Bail Bond Agent Financial Statement

Year Ending December 31, 2021

<u>Assets</u>	<u>Amount in Dollars</u>
Cash - checking accounts.....	_____
Cash - savings accounts.....	_____
Certificates of deposit.....	_____
Securities - stocks / bonds / mutual funds.....	_____
Notes & contracts receivable.....	_____
Life insurance (cash surrender value).....	_____
Personal property (autos, jewelry, etc.).....	_____
Retirement Funds (eg. IRAs, 401k).....	_____
Real estate (market value).....	_____
Other assets (<i>specify below</i>).....	_____

Total Assets	_____

<u>Liabilities</u>	<u>Amount in Dollars</u>
Accounts Payable.....	_____
Notes payable.....	_____
Taxes payable.....	_____
Real estate mortgages	_____
Other liabilities (<i>specify below</i>).....	_____

Total Liabilities	_____

Net Worth.....

(Supplemental Financial Information can be provided on Page 3 if needed)

My total pending liabilities as endorser, professional bail bond agent as of 12/31/2021.

\$ _____ .00

Are any judgements or lawsuits pending against you? YES NO (If "YES" Explain Below)

Provide any supplemental financial information in the space below.