

MIKE CHANEY
Commissioner of Insurance

MARK HAIRE
Deputy Commissioner of Insurance



501 N. West St.
1001 Woolfolk State Office Building
Jackson, MS 39201
P.O. Box 79
Jackson, MS 39205

IRREVOCABLE SECURITY POWER
Professional Bail Agent's Qualification Bond

FOR VALUE RECEIVED, THE UNDERSIGNED DOES hereby sell, assign and transfer to:

The COMMISSIONER OF INSURANCE of the STATE OF MISSISSIPPI, the following described securities as required for deposit under Miss. Code Ann. §83-39-7:

Name Issued To: _____

Description: Type of Security (Certificate of Deposit, Bond, etc.) _____ Principal Amount: \$ _____

Issue Date: _____ Maturity Date: _____ Interest Rate: _____

(NOTE: A separate form must be completed for each security.)

THE UNDERSIGNED does hereby irrevocably constitute and appoint the Commissioner of Insurance, The State of Mississippi attorney-in-fact to transfer said bond, as the case may be, as he deems necessary to fulfill the provisions of Miss. Code Ann. §83-39-7, on the records of said Personal Surety Professional Bail Bondsman, with full power of substitution in the premises. PROVIDED; however, any Personal Surety Professional Bail Agent maintaining a deposit as per Miss Code Ann. §83-39-7, maintained by the State under the provisions of this section shall be for the exclusive use and benefit of satisfying Final Judgment Orders which may be issued by a court of proper jurisdiction; deposits in accordance with this section shall be classified as acceptable securities for the purpose of determining eligibility of such Personal Surety Bail Agent name on the bond.

Date Signature of Professional Bail Agent

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

Notary Public

The officer of the Lending Institution issuing said security does hereby certify that receipt of the foregoing instrument is hereby acknowledged and has been duly recorded in the institution issuing the security and that no release of said security will be made pending receipt of written instructions from the Commissioner of Insurance or his designated representative.

Date Signature of Officer

Title of Officer

Name of Lending Institution

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

Notary Public