



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

**MARK HAIRE**  
Deputy Commissioner of  
Insurance

## MISSISSIPPI INSURANCE DEPARTMENT

501 N. WEST STREET, SUITE 1001  
WOOLFOLK BUILDING  
JACKSON, MISSISSIPPI 39201  
[www.mid.ms.gov](http://www.mid.ms.gov)

MAILING ADDRESS  
Post Office Box 79  
Jackson, MS 39205-0079  
TELEPHONE: (601) 359-3569

### **Burial Associations**

Pursuant to Miss. Code Ann. § 83-37-19, all burial associations shall file with the Commissioner of Insurance an annual report for the previous year ending December 31<sup>st</sup> **on or before February 15<sup>th</sup>** of each year.

Complete the attached annual report form and mail to:

Mississippi Insurance Department  
Attn: Financial & Market Regulation Division  
P O Box 79  
Jackson MS 39205-0079

The Department will mail to your association an invoice for the \$100.00 examination fee as well as the renewal fee for the association's license.

Any questions regarding the annual report and examination fee should be addressed to the Financial & Market Regulation Division of the Mississippi Insurance Department at (601) 359-3569 or [filings@mid.ms.gov](mailto:filings@mid.ms.gov).

**ANNUAL STATEMENT**  
**FOR THE YEAR ENDED DECEMBER 31, 2015**  
**OF THE CONDITIONS AND AFFAIRS OF THE**

\_\_\_\_\_  
(NAME OF BURIAL ASSOCIATION)

LICENSE NO \_\_\_\_\_

HOME OFFICE \_\_\_\_\_  
(Street and Number) (Telephone Number) (City or Town) (State) (Zip Code)

MAILING ADDRESS \_\_\_\_\_  
(Street and Number) (Telephone Number) (City or Town) (State) (Zip Code)

MADE TO THE **COMMISSIONER OF**  
**INSURANCE** OF THE STATE OF  
MISSISSIPPI PURSUANT TO THE LAWS  
THEREOF

**OFFICERS/OWNERS** (List full name and address)

Name	Address
_____	_____
_____	_____
_____	_____

**STATEMENT CONTACT:** (Person preparing statement)

\_\_\_\_\_  
(Name) (Phone) (Alternate Phone Number) (Email)

**It is imperative that the statement contact person listed above be accessible should further clarification be required.**

STATE OF MISSISSIPPI

County of \_\_\_\_\_

I, the undersigned officer of, or one of the owners of, the hereinbefore named Burial Association or Society, hereby certify, on oath, that the information given herein is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(President's or Owner's Name)

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

**INSTRUCTIONS**

**Please read these instructions carefully before completing this annual statement.**

**SECTION I**

Section I is a statement of income and expenses for your association.

**SECTION II**

Section II is the balance sheet for your association, which should reflect all ledger assets, and all the liabilities as of December 31. Funeral Home assets should not be included.

**SECTION III**

Section III reflects the actual number of contracts in force as of the end of the year and any increases/decreases in contracts that occurred during the year.

**SECTION IV**

Section IV should reflect the total number of agents representing the association as of the statement year end. In addition to this section a listing of all agents representing the association should be attached including the full name and addresses of each. Please indicate if any agents were new for the reporting period.

This statement should be filed with the Department no later than February 15 of each year.

**ALL ASSOCIATIONS ARE REQUIRED TO KEEP COMPLETE RECORDS OF ALL TRANSACTIONS AND KEEP THEM SEPARATE FROM ALL OTHER BUSINESS ENGAGED IN BY THE OWNERS.**

SECTION I		Current Year	Prior Year
<b>INCOME/RECEIPTS</b>			
1.	Fees and Gross Income Received During Year.....		
2.	Interest on Bonds and Stock Dividends.....		
3.	Other income (itemize).....		
4.	.....		
5.	.....		
6.	<b>TOTAL INCOME (Add Lines 1-5).....</b>		
<b>EXPENSES</b>			
7.	Commissions paid to agents, solicitors and collectors.....		
8.	Death Claims paid during year.....		
9.	Salaries paid to officers and employees.....		
10.	Insurance Department fees and licenses.....		
11.	Insurance Department Audit Fees.....		
12.	Other Auditing Fees.....		
13.	Rent and general office expense.....		
14.	Equipment and supplies.....		
15.	Other Expenses (itemize).....		
16.	.....		
17.	.....		
18.	.....		
19.	<b>TOTAL EXPENSES (Add Lines 7-18).....</b>		
20.	<b>NET INCOME (Line 6 minus Line 19).....</b>		

SECTION II		Current Year	Prior Year
<b>ASSETS</b>			
21.	Cash on hand and in bank.....		
22.	Stocks, bonds and securities on deposit with State.....		
23.	Other investments.....		
24.	Office furniture and fixtures.....		
25.	Office equipment and supplies.....		
26.	Other Assets (itemize).....		
27.	.....		
28.	.....		
29.	<b>TOTAL ASSETS (Add Lines 21-28).....</b>		
<b>LIABILITIES</b>			
30.	Funeral Benefits payable.....		
31.	Bills and accounts payable.....		
32.	Other Liabilities (itemize).....		
33.	.....		
34.	.....		
35.	.....		
36.	<b>TOTAL LIABILITIES (Add Lines 30-35).....</b>		
37.	<b>NET ASSETS (Line 29 minus Line 36).....</b>		

SECTION III POLICIES/CONTRACTS	Number of Burial Policies (1)	Number of Persons Covered (2)	Amount of Burial Insurance In Force (3)
38. Balance December 31 of Previous year.....			\$
39. Insurance written during the year.....			
40. TOTALS (columns 1 & 2).....			
41. Terminated by death during the year.....			
42. Terminated by lapse during the year.....			
43. BALANCE DECEMBER 31 of current year			\$

SECTION IV POLICIES/CONTRACTS	Number
44. Agents representing Association..... (Attach a list of all agents representing the association including names and addresses and indicate any new agents)	