



DELBERT HOSEMANN
Secretary of State

Mississippi Secretary of State

Pre-Need Registration

User Guide



DELBERT HOSEMANN
Secretary of State

Table of Contents

Welcome to Mississippi Pre-Need Registration	2
I Want to Renew My Existing Pre-Need Registration Online.....	3
Payment.....	16
Mail in Payment.....	16
Pay Online.....	17
Create a New Registration.....	20
I Want to Login to Manage My Account.....	33
It Is Time to Renew Your Registration	35

Click on an item in the table of Contents to be taken directly to the screen that corresponds with it.

At the bottom of each page there is a link that, when clicked, will take you to the top of the document.



DELBERT HOSEMANN
Secretary of State

Welcome to Mississippi Pre-Need Registration

MISSISSIPPI PRE-NEED REGISTRATION

I Want to Renew My Existing Pre-Need Registration Online

I have previously registered my funeral home or cemetery with the Regulation & Enforcement Division and would like to renew my registration.

Pre-Need Registration ID *

[Create Online Account](#)

I Want to Create a New Pre-Need Registration

I've never registered my funeral home or cemetery with the Regulation & Enforcement Division.

[New Registration](#)

I Want to Login to Manage My Account

I have a login for the online pre-need management system

Username:

Password:

Remember me next time.

[Log In](#)

[Forgot Your Password?](#)

This page has 3 options:

Renew an Existing Pre-need Registration Online - if you have previously registered with the Regulation and Enforcement Division.

Create a New Pre-need Registration - if you have never registered your funeral home or cemetery with the Regulation and Enforcement Division and are starting new.

Login to Manage Account – after you have created an account.



DELBERT HOSEMANN
Secretary of State

I Want to Renew My Existing Pre-Need Registration Online

Use this option when you have a funeral home or cemetery that is registered with the Regulation and Enforcement Division. You will need your nine digit Pre-Need Registration ID that begins with "12".

1. Type in your Pre-Need Registration ID and click the **(Create Online Account)** button.

The screenshot shows a web form with the following elements:

- Title:** I Want to Renew My Existing Pre-Need Registration Online
- Text:** I have previously registered my funeral home or cemetery with the Regulation & Enforcement Division and would like to renew my registration.
- Label:** Pre-Need Registration ID *
- Input:** A text box for entering the registration ID.
- Button:** A blue button labeled "Create Online Account".

2. On the next screen there will be a box with instructions titled "Welcome to Mississippi's easy registration process! Here's how it works:" which has helpful information and should be read before proceeding.

The screenshot shows a box with the following text:

Welcome to Mississippi's easy registration process! Here's how it works:

1. Review the 'Website Participant Agreement' below. Confirm your agreement by checking the "I Agree" box at bottom.
2. Enter the user name and password you want to use for future login. Then, click the 'Next' button. Note: User names and passwords must be between 6-16 characters long, and may consist of letters, numbers, and underscores.
3. Follow the screens to complete the registration information, including your general information, additional locations (if applicable), annual report information, and all agents working with your organization's contact information.
4. Enter payment information. You may pay by credit card or electronic check.
5. Your application will then be in a state of review. You will receive confirmation from the Secretary of State's Office once your application has been finalized.

Should you have any questions about registration, please give us a call 601-359-9055.

Now, it's time to get started! Begin with the agreement below. We look forward to serving you.

3. There is also a **(Print)** button on the screen where you may print out the Mississippi Secretary of State Participation Agreement for Businesses.



DELBERT HOSEMANN
Secretary of State

- At the bottom of the Mississippi Secretary of State Participation Agreement for Businesses, click the **(I Agree)** button.

Mississippi

Entire Agreement. This Agreement constitutes the entire agreement between the parties, and shall supersede all prior agreements and understandings, if any, between the parties respecting the subject matter hereof.

7.5.

Please click "I Agree" to acknowledge your acceptance of the terms and conditions of this Agreement.

I Agree

- Next you will be taken to the Create Login page where you may fill in your information in the boxes provided, create a password and click the **(Next)** button.
 - Usernames can contain letters, numbers, spaces, symbols, upper case and lower case characters.
 - Those with multiple registrations can have the same email address and password but the username must be unique for each registration (i.e. Funeral Home-1, Funeral Home-2).
 - An email with your username and password will be sent to the email that you provide.

Create Login > General Information > Locations > Annual Report > Agents > Review > Payment

* indicates required field

Username *

First Name *

Last Name *

Email * you@domain.com

Re-enter Email * you@domain.com

Please create your Password (should be between 6 and 16 characters long and use only letters, numbers, and underscores).

Password *

Confirm Password *

Previous **Next**

Users will need to create a different username for each registration.



DELBERT HOSEMANN
Secretary of State

6. The General Information page is next. All of the information that is required for you to provide is indicated by * and must be entered in order to continue.



- *Follow instructions from this point and you may modify your information as needed. After all information is entered and there are no changes to be made, simply click the **(Next)** button at each new section. Follow instructions on through payment.*

General Information

Organization's Legal Name *

Trade name(s) used

7. After you have filled in all of the required information, click the **(Next)** button to continue

Contact Information

Contact Person Full Name *

Contact's Email * you@domain.com

(Do not include the "1" for telephone numbers)

Contact's Telephone Number * ext: xxx-xxx-xxxx ext: xxxx

Contact's Alternative Number ext: xxx-xxx-xxxx ext: xxxx

Next



DELBERT HOSEMANN
Secretary of State

8. Next add all of the branch locations in your organization.
- Add each Branch office, Chapel, Cemetery, & Crematorium in your organization one at a time.
 - To add multiple locations click the **(Add Location)** button.
 - When you are finished click the **(Next)** button.

Location Full Name *	<input type="text"/>
Address *	<input type="text"/>
Suite/Floor/Apt	<input type="text"/>
City *	<input type="text"/>
State *	Mississippi ▼
Zip Code *	<input type="text"/> <small>xxxx-xxxx</small>
<small>(Do not include the "1" for telephone numbers)</small>	
Telephone Number *	<input type="text"/> ext: <input type="text"/> <small>xxx-xxx-xxxx ext: xxx</small>
Alternative Number	<input type="text"/> ext: <input type="text"/> <small>xxx-xxx-xxxx ext: xxx</small>
Fax Number	<input type="text"/> ext: <input type="text"/> <small>xxx-xxx-xxxx ext: xxx</small>
Email	<input type="text"/> <small>you@domain.com</small>
<input type="button" value="Add Location"/>	
<input type="button" value="Previous"/> <input type="button" value="Next"/>	



DELBERT HOSEMANN
Secretary of State

9. Once you click the **(Next)** button you will be taken to a screen for submitting Annual Reports.

File Annual Report

Please add the details of each pre-need annual report for your organization one at a time. Simply fill out the information and click the 'Submit Annual Report' button. Repeat for each annual report.

When you are finished submitting the annual reports, click the 'Next' button.

How are your preneed contracts funded?

Funded By Trust Funded By Insurance

Funded By Insurance & Trust Combined Funded By Warehouse Receipt

10. Choose the option that represents how your preneed contracts are funded.

Annual Report General Information

If you have trust funded pre-need, what was your Total Trust Fund balance as of December 31 \$

You must provide this even if you no longer sell trust funded contracts, but have trust funded contracts to service in the future.

11. Annual report general information.
- If you have trust funded pre-need, enter your total trust fund balance as of December 31st of the previous year.



DELBERT HOSEMANN
Secretary of State

12. In the Annual report requirements section enter the appropriate information in the boxes below.

- The top portion asks for information regarding pre-need contracts Sold.

i. Each row is a different type of pre-need contract.

ii. In the left column enter the number of pre-need contracts sold.

iii. In the right column enter the total contract dollar value.

Annual Report Requirements

How may pre-need contracts, by type, were sold during the reporting year?

	Number Sold	Total Contract Dollar Value
Funded Soley by Trust	<input type="text"/>	\$ <input type="text"/>
Funded Soley by Insurance	<input type="text"/>	\$ <input type="text"/>
Funded by Combination of Insurance and Trust	<input type="text"/>	\$ <input type="text"/>
Evidenced by Warehouse Receipt	<input type="text"/>	\$ <input type="text"/>

How many pre-need contracts, by type, were performed during the reporting year?

	Number Serviced	Total Contract Dollar Value
Funded Soley by Trust	<input type="text"/>	\$ <input type="text"/>
Funded Soley by Insurance	<input type="text"/>	\$ <input type="text"/>
Funded by Combination of Insurance and Trust	<input type="text"/>	\$ <input type="text"/>
Evidenced by Warehouse Receipt	<input type="text"/>	\$ <input type="text"/>

- The lower portion asks for information regarding pre-need contracts Serviced.

i. Each row is a different type of pre-need contract.

ii. In the left column enter the number of pre-need contracts serviced.

iii. In the right column enter the total contract dollar value.



DELBERT HOSEMANN
Secretary of State

13. Click the **[Check box]** corresponding to the location or locations for which you would like to submit an Annual report.

Sponsoring Establishment(s) *

To submit an annual report for a location, simply check the box next to the location.

<input type="checkbox"/>	My Testing Day Org 5 Main St Jackson, Mississippi 36698	TelNumber:(601) 123 - 5445 Email:tara@dorgersoft.com
<input type="checkbox"/>	My Test Location Inc 234 Main St Jackson, Mississippi 36695	TelNumber:(601) 123 - 4567
<input type="checkbox"/>	My Second Test Location 456 Main St Jackson, Mississippi 36695	TelNumber:(601) 123 - 6547

[Submit Annual Report](#)

[Previous](#)

14. Click the **(Submit Annual Report)** button.
15. In the next section use the arrow buttons < or > to navigate through current annual reports.

To edit an annual report click the 'Edit' button below the annual report you wish to edit.

|< < 1 > >|

Requirements
Total Trust Fund Balance: \$ 500.00

Sponsoring Establishment(s):
My Testing Day Org,
My Test Location Inc,

[Edit](#)

At this point if you have an Annual report that you would like to edit, simply click the (Edit) button.



DELBERT HOSEMANN
Secretary of State

16. You may continue to complete Annual reports for all branches if you are not filing a consolidated report. When you are finished click the (Next) button at the bottom of the screen.

Sponsoring Establishment(s) *

To submit an annual report for a location, simply check the box next to the location.

<input type="checkbox"/>	My Testing Day Org 5 Main St Jackson, Mississippi 36698	TelNumber:(601) 123 - 5445 Email:tara@dorgersoft.com
<input type="checkbox"/>	My Test Location Inc 234 Main St Jackson, Mississippi 36695	TelNumber:(601) 123 - 4567
<input type="checkbox"/>	My Second Test Location 456 Main St Jackson, Mississippi 36695	TelNumber:(601) 123 - 6547

[Submit Annual Report](#)

[Previous](#) [Next](#)

17. The next screen will be for adding a Trustee(s) if funded by a Trust.



DELBERT HOSEMANN
Secretary of State

18. In the boxes below provide information regarding the Trustee.

Add Trustee Information

If Funded by trust, name and address of the Trustee:

Institution *

Trust Officer Name

Title

Email Address of Trust Officer you@domain.com

Address *

Suite/Floor/Apt

City *

State * Mississippi

Zip Code * xxxxx-xxxx

(Do not include the "1" for telephone numbers)

Telephone Number * ext: xxx-xxx-xxxx ext: xxxx

Alternative Number ext: xxx-xxx-xxxx ext: xxxx

[Save Trustee](#)

19. Click the **(Save Trustee)** button to be taken to a screen to add additional Trusts, if needed.

20. Click the **(Next)** button when you are ready to move on to the next section.



DELBERT HOSEMANN
Secretary of State

21. For Insurance-funded preneed contracts please provide information regarding the Insurance Carrier in the boxes below.
22. Click the **(Save Carrier)** button to be taken to a screen to add additional Insurance carriers, edit or remove current Insurance Carrier.
23. Click the **(Next)** button when you are ready to move on to the next section.

Add Insurance Carrier Information

For insurance-funded, list all insurance carriers your business represents

PLEASE NOTE: Company name must be spelled out.
(i.e. Funeral Directors Life Insurance Company. No abbreviations, i.e. FDLIC)

Company Name

Address

Suite/Floor/Apt

City

State

Zip Code xxxx-xxxx

(Do not include the "1" for telephone numbers)

Telephone Number ext: xxx-xxx-xxxx ext: xxxx

Save Carrier



DELBERT HOSEMANN
Secretary of State

24. Add the details of each pre-need sales agent in your organization, one at a time.
- Fill in all of the required information in the boxes below.

Add an Agent

Please add the details of each pre-need sales agent in your organization, one at a time. Simply fill out the information for one and click the 'Add Agent' button. Repeat for each agent.

When you are finished adding all agents, click the 'Next' button.

Agent Full Name *

Address *

Suite/Floor/Apt

City *

State *

Zip Code * xxxxx-xxxx

(Do not include the "1" for telephone numbers)

Telephone Number * ext: xxx-xxx-xxxx ext: xxxx

Alternative Number ext: xxx-xxx-xxxx ext: xxxx

Fax Number ext: xxx-xxx-xxxx ext: xxxx

Email you@domain.com

- Scroll down to add this agent to a location, and continue to add Agents.



DELBERT HOSEMANN
Secretary of State

- Click the [Checkbox] next to the location that you would like to add the Agent to, if you wish to remove the agent from a location uncheck the [Checkbox]

Sponsoring Establishment(s) *

To add an agent to a location, simply check the box next to the location.
To remove an agent from a location, uncheck the box next to the location.

<input type="checkbox"/>	Legal Org. 123 Main St. Jackson, Mississippi 36598	TelNumber:(601) 123 - 4567 Email:testing@myEmail.com
<input type="checkbox"/>	Site One 567 Main St. Jackson, Mississippi 36695	TelNumber:(601) 123 - 456

Add Agent

Previous **Next**

- Click the **(Add Agent)** button to add additional agents, edit, or remove current agents.
25. When you have finished adding or modifying Agents click the **(Next)** button.
26. The next screen will have your General information, Branch Office, Chapel, or Crematorium, Agents, Trust Officers and/or Insurance Carriers, and Annual Reports filled in for you to review.

Edit **Print**

* indicates required field

Please review all information carefully.

General Information

Organization's Legal Name: Legal Org.

Business Mailing Address **Business Physical Address**

123 Main St. 586 Yellow Brick Road
Jackson, Mississippi 36598 Jackson, Mississippi 36598



DELBERT HOSEMANN
Secretary of State

27. At the bottom of the page there will be Attestations with check boxes, click all of them.

Attestations

- I understand that I must get approval from the Secretary of State's Office for all contract forms that I use for Pre-Need sales.
- I understand that if I sell trust funded Pre-Need, I must have a written trust agreement that has been approved by the Secretary of State's Office.
- I understand that eighty-five percent (85%) of funds paid for services and merchandise by trust funded customers must be remitted the trustee no later than the fifth (5th) day of the following month from when funds are received.
- I have verified insurance premiums paid by customers and received into this preneed establishment were remitted to the insurer in a timely manner.
- I certify that all information provided herein is true and correct to the best of my knowledge.

28. Type your name and title in the boxes provided under the signature heading and click the **(Submit)** button.

Signature

By making this submission, I understand that such submission is under the penalty of perjury and that to the best of my knowledge, information and belief, the information submitted in this report is true, correct, and complete.

Name

Title

Your application will not be complete until after you have paid the application fees. You will be taken to the Payment Gateway after Submitting.



DELBERT HOSEMANN
Secretary of State

Payment

Mail in Payment

PAY NOW?

You are about to be redirected to the State of Mississippi Payment Gateway where you will pay your application fee. (A transaction fee will also be applied)

Next

Cancel

- If you would like to mail in your payment click the **(Cancel)** button to have a copy of your application sent to your email, and you will be taken to a Thank You for Submitting an Application, Renewal or Registration page.



Print

THANK YOU FOR SUBMITTING AN APPLICATION, RENEWAL OR REGISTRATION.

Your registration payment is not been accepted. Please send \$50 for renewals or \$250 for new registrations and a printed copy of your application to the Regulation & Enforcement Division of the Mississippi Division of the Mississippi Secretary of State's Office to complete your registration.

You will receive an email notification of your submission.

Any false statement submitted on a registration form for the purpose of unlawfully registering as a pre-need establishment may result in the denial or revocation of registration, and may be punishable by monetary penalties and criminal prosecution.

- On this page you may click the **(Print)** button to print a copy of your Application, Renewal or Registration.



DELBERT HOSEMANN
Secretary of State

Pay Online

PAY NOW?

You are about to be redirected to the State of Mississippi Payment Gateway where you will pay your application fee.
(A transaction fee will also be applied)

Next

Cancel

- Click the **(Next)** button to be taken to the State of Mississippi Payment Gateway where you can pay your fee online.



1

Payment Type

2

Customer Info

3

Payment Info

4

Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
500000015	Pre-Need Online Renewal	\$50.00	1	\$50.00
Total				\$50.00



DELBERT HOSEMANN
Secretary of State

1. Enter your Name, Address, and Email into the boxes provided.

Payment

Payment Type ✓

[Edit](#)

Credit Card

Customer Information

Complete all required fields [*]

Country

First Name *

Last Name *

Address *

Address 2

City *

State *

ZIP/Postal Code *

Phone

Email *

[Next >](#)

2. Click the **(Next)** button.



DELBERT HOSEMANN
Secretary of State

3. Enter your payment information.

Payment Info

Complete all required fields [*]

Credit Card Number *

Credit Card Type *    

Expiration Month * 

Expiration Year * 

Security Code * 

Name on Credit Card *

Next 

4. Click the **(Next)** button.

5. Click the **(Submit Payment)** button. This may take several minutes, you will get a confirmation email sent to the email address that you provided in step 3 of this payment section of the User Guide.



DELBERT HOSEMANN
Secretary of State

Create a New Registration

1. Click on the **(New Registration)** button.

I Want to Create a New Pre-Need Registration

I've never registered my funeral home or cemetery with the Regulation & Enforcement Division.

[New Registration](#)

2. On the next screen there will be a box with instructions titled "Welcome to Mississippi's easy registration process! Here's how it works:" which has helpful information and should be read before proceeding.

Welcome to Mississippi's easy registration process! Here's how it works:

1. Review the 'Website Participant Agreement' below. Confirm your agreement by checking the "I Agree" box at bottom.
2. Enter the user name and password you want to use for future login. Then, click the 'Next' button. Note: User names and passwords must be between 6-16 characters long, and may consist of letters, numbers, and underscores.
3. Follow the screens to complete the registration information, including your general information, additional locations (if applicable), annual report information, and all agents working with your organization's contact information.
4. Enter payment information. You may pay by credit card or electronic check.
5. Your application will then be in a state of review. You will receive confirmation from the Secretary of State's Office once your application has been finalized.

Should you have any questions about registration, please give us a call 601-359-9055.

Now, it's time to get started! Begin with the agreement below. We look forward to serving you.

3. There is also a **(Print)** button on the screen where you may print out the Mississippi Secretary of State Participation Agreement for Businesses.



DELBERT HOSEMANN
Secretary of State

- At the bottom of the Mississippi Secretary of State Participation Agreement for Businesses, click the **(I Agree)** button.

Mississippi

Entire Agreement. This Agreement constitutes the entire agreement between the parties, and shall supersede all prior agreements and understandings, if any, between the parties respecting the subject matter hereof.

7.5.

Please click "I Agree" to acknowledge your acceptance of the terms and conditions of this Agreement.

I Agree

- Next you will be taken to the Create Login page where you may fill in your information in the boxes provided, create a password and click the **(Next)** button.
 - Usernames can contain letters, numbers, spaces, symbols, upper case and lower case characters.
 - Those with multiple registrations can have the same email address and password but the username must be unique for each registration (i.e. Funeral Home-1, Funeral Home-2).
 - An email with your username and password will be sent to the email that you provide.

Create Login > General Information > Locations > Annual Report > Agents > Review > Payment

* indicates required field

Username *

First Name *

Last Name *

Email * you@domain.com

Re-enter Email * you@domain.com

Please create your Password (should be between 6 and 16 characters long and use only letters, numbers, and underscores).

Password *

Confirm Password *

Previous **Next**

Users will need to create a different username for each registration.

- An email with your username and password will be sent to the email that you provide.



DELBERT HOSEMANN
Secretary of State

6. The General Information page is next. All of the information that is required for you to provide is indicated by * and must be entered in order to continue.

General Information

Organization's Legal Name *

Trade name(s) used

7. After you have filled in all of the required information, click the **(Next)** button to continue

Contact Information

Contact Person Full Name *

Contact's Email * you@domain.com

(Do not include the "1" for telephone numbers)

Contact's Telephone Number * ext: xxx-xxx-xxxx ext: xxxx

Contact's Alternative Number ext: xxx-xxx-xxxx ext: xxxx



DELBERT HOSEMANN
Secretary of State

- 8. Next add all of the branch locations in your organization.
 - Add each Branch office, Chapel, Cemetery & Crematorium in your organization one at a time.
 - To add multiple locations click the **(Add Location)** button.
 - When you are finished click the **(Next)** button.

Location Full Name *	<input type="text"/>
Address *	<input type="text"/>
Suite/Floor/Apt	<input type="text"/>
City *	<input type="text"/>
State *	Mississippi ▼
Zip Code *	<input type="text"/> xxxx-xxxx
(Do not include the "1" for telephone numbers)	
Telephone Number *	<input type="text"/> ext: <input type="text"/> xxx-xxx-xxxx ext: xxx
Alternative Number	<input type="text"/> ext: <input type="text"/> xxx-xxx-xxxx ext: xxx
Fax Number	<input type="text"/> ext: <input type="text"/> xxx-xxx-xxxx ext: xxx
Email	<input type="text"/> you@domain.com
<input type="button" value="Add Location"/>	
<input type="button" value="Previous"/> <input type="button" value="Next"/>	

- 9. Once you click the **(Next)** button you will be taken to a screen for submitting Annual Reports.



DELBERT HOSEMANN
Secretary of State

File Annual Report

Please add the details of each pre-need annual report for your organization one at a time. Simply fill out the information and click the 'Submit Annual Report' button. Repeat for each annual report.

When you are finished submitting the annual reports, click the 'Next' button.

How are your preneed contracts funded?

Funded By Trust

Funded By Insurance

Funded By Insurance & Trust Combined

Funded By Warehouse Receipt

10. Choose the option that represents how your preneed contracts are funded.

Annual Report General Information

If you have trust funded pre-need, what was your Total Trust Fund
balance as of December 31 \$

You must provide this even if you no longer sell trust funded contracts, but have trust funded contracts to service in the future.

11. Annual report general information.
- If you have trust funded pre-need, enter your total trust fund balance as of December 31st of the previous year.



DELBERT HOSEMANN
Secretary of State

12. In the Annual report requirements section enter the appropriate information in the boxes below.

- The top portion asks for information regarding pre-need contracts Sold.

i. Each row is a different type of pre-need contract.

ii. In the left column enter the number of pre-need contracts sold.

iii. In the right column enter the total contract dollar value.

Annual Report Requirements

How may pre-need contracts, by type, were sold during the reporting year?

	Number Sold	Total Contract Dollar Value
Funded Soley by Trust	<input type="text"/>	\$ <input type="text"/>
Funded Soley by Insurance	<input type="text"/>	\$ <input type="text"/>
Funded by Combination of Insurance and Trust	<input type="text"/>	\$ <input type="text"/>
Evidenced by Warehouse Receipt	<input type="text"/>	\$ <input type="text"/>

How many pre-need contracts, by type, were performed during the reporting year?

	Number Serviced	Total Contract Dollar Value
Funded Soley by Trust	<input type="text"/>	\$ <input type="text"/>
Funded Soley by Insurance	<input type="text"/>	\$ <input type="text"/>
Funded by Combination of Insurance and Trust	<input type="text"/>	\$ <input type="text"/>
Evidenced by Warehouse Receipt	<input type="text"/>	\$ <input type="text"/>

- The lower portion asks for information regarding pre-need contracts Serviced.

i. Each row is a different type of pre-need contract.

ii. In the left column enter the number of pre-need contracts serviced.

iii. In the right column enter the total contract dollar value.



DELBERT HOSEMANN
Secretary of State

13. Click the **[Check box]** corresponding to the location or locations for which you would like to submit an Annual report.

Sponsoring Establishment(s) *

To submit an annual report for a location, simply check the box next to the location.

<input type="checkbox"/>	My Testing Day Org 5 Main St Jackson, Mississippi 36698	TelNumber:(601) 123 - 5445 Email:tara@dorgersoft.com
<input type="checkbox"/>	My Test Location Inc 234 Main St Jackson, Mississippi 36695	TelNumber:(601) 123 - 4567
<input type="checkbox"/>	My Second Test Location 456 Main St Jackson, Mississippi 36695	TelNumber:(601) 123 - 6547

[Submit Annual Report](#)

[Previous](#)

14. Click the **(Submit Annual Report)** button.
15. In the next section use the arrow buttons < or > to navigate through current annual reports.

To edit an annual report click the 'Edit' button below the annual report you wish to edit.

|< < 1 > >|

Requirements
Total Trust Fund Balance: \$ 500.00

Sponsoring Establishment(s):
My Testing Day Org,
My Test Location Inc,

[Edit](#)

At this point if you have an Annual report that you would like to edit, simply click the (Edit) button.



DELBERT HOSEMANN
Secretary of State

16. You may continue to complete Annual reports for all branches if you are not filing a consolidated report. When you are finished click the (Next) button at the bottom of the screen.

Sponsoring Establishment(s) *

To submit an annual report for a location, simply check the box next to the location.

<input type="checkbox"/>	My Testing Day Org 5 Main St Jackson, Mississippi 36698	TelNumber:(601) 123 - 5445 Email:tara@dorgersoft.com
<input type="checkbox"/>	My Test Location Inc 234 Main St Jackson, Mississippi 36695	TelNumber:(601) 123 - 4567
<input type="checkbox"/>	My Second Test Location 456 Main St Jackson, Mississippi 36695	TelNumber:(601) 123 - 6547

[Submit Annual Report](#)

[Previous](#) [Next](#)

17. The next screen will be for adding a Trustee (s) if funded by a Trust.



DELBERT HOSEMANN
Secretary of State

18. In the boxes below provide information regarding the Trustee.

Add Trustee Information

If Funded by trust, name and address of the Trustee:

Institution *

Trust Officer Name

Title

Email Address of Trust Officer you@domain.com

Address *

Suite/Floor/Apt

City *

State * Mississippi

Zip Code * xxxxx-xxxx

(Do not include the "1" for telephone numbers)

Telephone Number * ext: xxx-xxx-xxxx ext: xxxx

Alternative Number ext: xxx-xxx-xxxx ext: xxxx

[Save Trustee](#)

19. Click the **(Save Trustee)** button to be taken to a screen to add additional Trusts, if needed.

20. Click the **(Next)** button when you are ready to move on to the next section.



DELBERT HOSEMANN
Secretary of State

21. For Insurance-funded preneed contracts please provide information regarding the Insurance Carrier in the boxes below.
22. Click the **(Save Carrier)** button to be taken to a screen to add additional Insurance carriers, edit or remove current Insurance Carrier.
23. Click the **(Next)** button when you are ready to move on to the next section.

Add Insurance Carrier Information

For insurance-funded, list all insurance carriers your business represents

PLEASE NOTE: Company name must be spelled out.
(i.e. Funeral Directors Life Insurance Company. No abbreviations, i.e. FDLIC)

Company Name

Address

Suite/Floor/Apt

City

State

Zip Code

(Do not include the "1" for telephone numbers)

Telephone Number ext:

Save Carrier



DELBERT HOSEMANN
Secretary of State

- 24. Add the details of each pre-need sales agent in your organization, one at a time.
 - o Fill in all of the required information in the boxes below.

Add an Agent

Please add the details of each pre-need sales agent in your organization, one at a time. Simply fill out the information for one and click the 'Add Agent' button. Repeat for each agent.

When you are finished adding all agents, click the 'Next' button.

Agent Full Name *

Address *

Suite/Floor/Apt

City *

State *

Zip Code * xxxxx-xxxx

(Do not include the "1" for telephone numbers)

Telephone Number * ext: xxx-xxx-xxxx ext: xxxx

Alternative Number ext: xxx-xxx-xxxx ext: xxxx

Fax Number ext: xxx-xxx-xxxx ext: xxxx

Email you@domain.com

- o Scroll down to add this agent to a location, and continue to add Agents.



DELBERT HOSEMANN
Secretary of State

- Click the [Checkbox] next to the location that you would like to add the Agent to, if you wish to remove the agent from a location uncheck the [Checkbox]

Sponsoring Establishment(s) *

To add an agent to a location, simply check the box next to the location.
To remove an agent from a location, uncheck the box next to the location.

<input type="checkbox"/>	Legal Org. 123 Main St. Jackson, Mississippi 36598	TelNumber:(601) 123 - 4567 Email:testing@myEmail.com
<input type="checkbox"/>	Site One 567 Main St. Jackson, Mississippi 36695	TelNumber:(601) 123 - 456

[Add Agent](#)

[Previous](#) [Next](#)

- Click the **(Add Agent)** button to add additional agents, edit, or remove current agents.
25. When you have finished adding or modifying Agents click the **(Next)** button.
26. The next screen will have your General information, Branch Office, Chapel, Cemetery, or Crematorium, Agents, Trust Officers and/or Insurance Carriers, and Annual Reports filled in for you to review.

[Edit](#) [Print](#)

* indicates required field

Please review all information carefully.

General Information

Organization's Legal Name: Legal Org.

Business Mailing Address **Business Physical Address**

123 Main St. 586 Yellow Brick Road
Jackson, Mississippi 36598 Jackson, Mississippi 36598



DELBERT HOSEMANN
Secretary of State

27. At the bottom of the page there will be Attestations with check boxes, click all of them.

Attestations

- I understand that I must get approval from the Secretary of State's Office for all contract forms that I use for Pre-Need sales.
- I understand that if I sell trust funded Pre-Need, I must have a written trust agreement that has been approved by the Secretary of State's Office.
- I understand that eighty-five percent (85%) of funds paid for services and merchandise by trust funded customers must be remitted the trustee no later than the fifth (5th) day of the following month from when funds are received.
- I have verified insurance premiums paid by customers and received into this preneed establishment were remitted to the insurer in a timely manner.
- I certify that all information provided herein is true and correct to the best of my knowledge.

28. Type your name and title in the boxes provided under the signature heading and click the **(Submit)** button.

Signature

By making this submission, I understand that such submission is under the penalty of perjury and that to the best of my knowledge, information and belief, the information submitted in this report is true, correct, and complete.

Name

Title

Your application will not be complete until after you have paid the application fees. You will be taken to the Payment Gateway after Submitting.

29. Click [here](#) to be taken to the payment section of this guide.



DELBERT HOSEMANN
Secretary of State

I Want to Login to Manage My Account

Choose this option after you have registered online and have a Username and Password to login with. Your Username and Password would have been emailed to you after creating a Pre-Need Registration online.

I Want to Login to Manage My Account

I have a login for the online pre-need management system

Username:

Password:

Remember me next time.

[Log In](#)

[Forgot Your Password?](#)

1. Enter your Username and Password then click the **(Log In)** button.

Update My Information

- [Add/Edit/Remove Agents](#)
- [Add/Edit/Remove Locations](#)
- [Update General Information](#)
- [Update Website Account Information](#)



DELBERT HOSEMANN
Secretary of State

2. Under the Update My Information section you may:

- Add, Edit or Remove Agents – Use the arrow buttons to scroll through existing agents. Fill in new Agent information to add new agents if needed. Click the **(Submit)** button when finished.

Agent Name Marry Poppins		Phone Tel: (601) 123 - 4567 ext: Alt: ext: Fax: ext:	Edit
Address 123 Main St. Jackson, Mississippi 36695			Remove
Sponsoring Establishment(s): My Testing Day Org, My Test Location Inc,			
< < 1 2 > >			

- Add and update Locations- Use the arrow buttons to scroll through existing locations. Fill in new Branch Office, Chapel, Cemetery, or Crematorium information to add new locations if needed. Click the **(Submit)** button when finished. **NOTE: Contact the Regulation and Enforcement Division to have a branch removed.**

< < 1 2 > >			
Location Name My Test Location Inc		Phone Tel: (601) 123 - 4567 ext: Alt: ext: Fax: ext:	Edit
Address 234 Main St, Jackson Mississippi 36695			Remove
Email:			

- Refresh and Review your General Information-Change your Organization’s name, address, and other contact information. Click the **(Submit)** button when finished.
- Update Website Account Information
 - Here you may update your Name, Email, and change your password. Make sure to click the **(Save Changes)** button when you are finished.



DELBERT HOSEMANN
Secretary of State

It Is Time to Renew Your Registration

MISSISSIPPI PRE-NEED REGISTRATION

IT IS TIME TO RENEW YOUR REGISTRATION.

The form must be filed each year for the prior calendar year ending December 31st. IT MUST BE SUBMITTED ON OR BEFORE MARCH 31st. Pursuant to state law, the Secretary of State's Office shall impose an administrative fine totaling One Hundred Dollars (\$100) per day for each day this form is late. Completing this form satisfies both your registration renewal and annual report filing requirements

[Renew Now](#)

*(The "IT IS TIME TO RENEW YOUR REGISTRATION" message and the **(Renew Now)** button are only visible during the time of year that you must renew your registration in)*

- If it's time to renew your registration click the **(Renew Now)** button.
 - a. This starts with the **General Information** screen. You will be taken to pages that are pre-populated with your previously entered information.
 - b. Click [here](#) to follow instructions to Renew your Registration on through payment.

[Renew Now](#)