



MISSISSIPPI INSURANCE DEPARTMENT

501 N. WEST STREET, SUITE 1001
WOOLFOLK BUILDING
JACKSON, MISSISSIPPI 39201
www.mid.ms.gov



MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

MARK HAIRE
Deputy Commissioner of Insurance

MISSISSIPPI INSURANCE DEPARTMENT MAILING ADDRESS
Post Office Box 791
Jackson, Mississippi 39205-0079
TELEPHONE: (601) 359-8569
FAX: (601) 359-2474

VOLUNTARY SURRENDER OF LICENSE

I, Adam Casey Earnest, having been fully advised of the charges of possible violations of the Mississippi Code and my rights to a hearing as provided in Miss. Code Ann. § 83-17-71 (1), (2) and (4) and understanding that I am entitled to a hearing before the Commissioner of Insurance of the State of Mississippi to determine the reasonableness of the Commissioner's action, do hereby waive the right to a hearing and consent to voluntarily surrender my Mississippi Insurance Producer License No. 10333057 to act as an insurance producer in the State of Mississippi, effective immediately.

I also agree to cease selling, soliciting or negotiating any insurance; procuring insurance obligations, making or causing to be made in any way, directly or indirectly, any contract of insurance: receiving or receipting for money on behalf of an insurer for insurance, or securing or aiding in the placement of any contract of insurance and to refrain from any licensed activities in the State of Mississippi.

This voluntary surrender of license is being tendered in lieu of other possible administrative action by the Department of Insurance of the State of Mississippi.

STATE OF MS
COUNTY OF Hinds

[Signature of Adam Casey Earnest]
Adam Casey Earnest
License No. 10333057

Sworn to and subscribed to
Before me this the 12th day of
April, 2024

[Signature of Bonnie Shows]
Notary Public

My Commission Expires Oct. 2, 2026



Accepted by: [Signature of Mike Chaney]
MIKE CHANEY
COMMISSIONER OF INSURANCE

This the 15th day of April, 2024.