BEFORE THE DEPARTMENT OF INSURANCE
STATE OF MISSISSIPPI

Company Name: Alarm Protection Mississippi, LLC
License Number: 15021615 – Class A - Contracting Company

CONSENT TO ADMINISTRATIVE PENALTY

Alarm Protection Mississippi, LLC having been fully informed of its alleged noncompliance with Miss. Code Ann. § 73-69-1 et. seq. and understanding it is entitled to a hearing before the Mississippi State Fire Marshal (hereafter “SFM”) to determine the reasonableness of the Commissioner’s action, does hereby consent, in lieu of such hearing, to the following terms and conditions:

1.) Payment of an administrative fine to the Mississippi State Fire Marshal Office in the amount of Twenty Five Thousand Dollars ($25,000.00) payable upon execution of this document.

2.) Its Class A Alarm Contracting license # 15021615 will placed on probationary status for the period of six months from the date of the execution of this document by the State Fire Marshal.

3.) Submit for approval a Corrective Action Plan (hereafter “CAP”) to SFM. The SFM must approve the CAP before the Administrative Penalty is executed. Failure to comply with the CAP will result in administrative action taken against Alarm Protection Mississippi, LLC’s license.

This Consent to Administrative Penalty is being tendered in lieu of other possible administrative action by the Mississippi State Fire Marshal Office. It is understood that by consenting to this administrative penalty, I make no admission as to the matters that are the subject of the investigation as to my noncompliance with Miss. Code Ann. § 73-69-1 et seq.

I fully understand that should I fail to follow the terms of this Consent to Administrative Penalty as agreed, that an administrative hearing will be set by the Commissioner of Insurance / State Fire Marshal and administrative action may be taken against me as provided in the Mississippi Code.

STATE OF __________
COUNTY OF __________

Sworn to and subscribed to
Before me this the 21 day of __________, 2015.

Notary Public

Duly Authorized Representative
Alarm Protection Mississippi, LLC

My Commission Expires __________________

Accepted by: ____________________________
Mike Chaney
COMMISSIONER OF INSURANCE

This the 24 day of __________, 2015.