MISSISSIPPI INSURANCE DEPARTMENT

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

MARK HAIRE
Deputy Commissioner of Insurance

RICKY DAVIS
State Chief Deputy Fire Marshal

MAILING ADDRESS
Post Office Box 75
Jackson, Mississippi 33985-0001

TELEPHONE: (601) 359-3545
FAX: (601) 359-2474

VOLUNTARY SURRENDER OF LICENSE

I, Lucille E. Carr, having been fully advised of a charge of a possible violation of the Mississippi Code and my rights to a hearing as provided in Miss. Code Ann. § 83-17-71 (Rev. 2011) 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 Privilege Tax License No. 10372905 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 receiving for money on behalf of an insurer for new insurance business, 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 MISSISSIPPI
COUNTY OF Coahoma

Sworn to and subscribed to
Before me this the 30th day of November, 2015

[Signature]
Lucille E. Carr

Notary Public
My Commission Expires: 02-02-19

[Signature]
MIKE CHANEY
COMMISSIONER OF INSURANCE

This the 2nd day of December, 2015.