CONSENT TO ADMINISTRATIVE PENALTY

STATE OF MISSISSIPPI
COUNTY OF Hinds

I, Valerie Clearman, having been fully advised of charges of alleged violations of Miss. Code Ann. §83-17-71 and § 83-17-81(1) and the proposed action against me, 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, admit to violating Miss. Code Ann. § 83-17-71(1)(a), and voluntarily consent to the imposition of an administrative penalty as follows:

Administrative penalty in the sum of Two Hundred Fifty Dollars ($250.00), payable within thirty (30) days of the date of this Consent to the Mississippi Department of Insurance.

I fully understand that should I fail to timely pay the aforementioned administrative penalty as agreed, that the administrative hearing set by the Commissioner will be held and the action proposed in the Notice of Hearing and Statement of Charges may be taken against me without limitation.

This Consent to Administrative Penalty is being entered into in lieu of other possible administrative action by the Mississippi Department of Insurance. The entering of this Consent Agreement resolves all matters alleged in the Notice of Hearing.

[Signature]
VALERIE CLEARMAN

Sworn to and subscribed before me this the 2nd day of December, 2009.

[Signature]
Elizabeth S. Bell
NOTARY PUBLIC
My Commission Expires:

Accepted by: [Signature]
MIKE CHANEY
COMMISSIONER OF INSURANCE

Date: 12-2-2009