STATE OF MISSISSIPPI
COUNTY OF Hinds

CONSENT TO ADMINISTRATIVE PENALTY

I, Galvin L. Johnson, having been fully advised of charges of alleged violations of Miss. Code Ann. §83-17-71 (Supp. 2001) 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 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 in one lump sum to the Mississippi Department of Insurance not later than March 3, 2003.

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.

[Signature]
GALVIN L. JOHNSON

Sworn to and subscribed before me this the 3rd day of February, 2003.

[Signature]
NOTARY PUBLIC

My Commission Expires:
MISISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES FEB. 1, 2005
BONDED THRU STEGALL NOTARY SERVICE

Accepted by: [Signature]
GEORGE DALE,
COMMISSIONER OF INSURANCE

Date: 2/03/2003
Date: 08/20/2008  
To: Mississippi Department of Insurance  
P.O. BOX 79  
JACKSON, MS 39205-0079  
Attention: Bonnie S. / Legal Div. / Freedom of Information Request  
Email:  
Phone:  
Fax:  
Re: NIPR REQUEST

Applicant Name: GALVIN JOHNSON  
Applicant SS#: xxx-xx-2795  
Case ID: 8971686  
State licensed in: MISSISSIPPI

<table>
<thead>
<tr>
<th>Regulatory Actions</th>
<th>GALVIN L JOHNSON</th>
<th>NPN: 6400822</th>
<th>Date: 8-20-2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of Action:</td>
<td>MS</td>
<td>Action ID: 10940371</td>
<td>Entity Role: Producer</td>
</tr>
<tr>
<td>Origin of Action:</td>
<td>LEGAL</td>
<td>Reason for Action: FAILURE TO MAKE REQUIRED DISCLOSURE ON LICENSE APP</td>
<td></td>
</tr>
<tr>
<td>Disposition:</td>
<td>CONSENT ORDER</td>
<td>MONETARY PENALTY</td>
<td></td>
</tr>
<tr>
<td>Date of Action:</td>
<td>02/03/2003</td>
<td>Effective Date: 02/03/2003</td>
<td></td>
</tr>
<tr>
<td>Penalty/Fine/Forfeiture:</td>
<td>$250</td>
<td>Restitution Amount: $0</td>
<td></td>
</tr>
<tr>
<td>Time/Length of Order(Days):</td>
<td>0</td>
<td>State RIRS Identifier: 1R_10940371</td>
<td></td>
</tr>
</tbody>
</table>

This letter is to serve as a REQUEST to obtain copies of the DISCIPLINARY ACTIONS files against the above individual. If documents will not be available within 1 week of this request and/or if you should have any questions, please feel free to email me at emacchiarella@FADV.com or call me directly at 1-800-321-4473 ext. 3317. You may fax the results to 727-214-0207, attention Ernest M. or email them to emacchiarella@FADV.com. Thank you for your help in this matter.

Sincerely,

Ernest M.
First Advantage Corporation  
(800) 321-4473 Ext 3317  
Fax: 727-214-0207  
727-214-0139
CSP Verifications
PO Box 3395
Seminole, FL 33775-3395

PS Please include case# 8971686 when returning results.

Thanks again!