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INSURANCE DEPT  
STATE OF MISS.

MISSISSIPPI INSURANCE DEPARTMENT

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

MAILING ADDRESS  
Post Office Box 79  
Jackson, Mississippi 39205-0079  
TELEPHONE: (601) 359-3569  
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MIKE CHANEY  
Commissioner of Insurance  
State Fire Marshal

MARK HAIRE  
Deputy Commissioner of Insurance

VOLUNTARY SURRENDER OF LICENSE

I, Richard E. Storey, 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) (Rev. 2014) 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. 208519 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 MISSISSIPPI  
COUNTY OF DeSoto

Richard E. Storey

Sworn to and subscribed to  
Before me this the 24 day of  
January, ~~2015~~ 2016

Notary Public

My Commission Expires \_\_\_\_\_

Accepted by:   
MIKE CHANEY  
COMMISSIONER OF INSURANCE

This the 2nd day of February, 2015.

