



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
FAX: (601) 359-2474

MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

MARK HAIRE
Deputy Commissioner of Insurance

RICKY DAVIS
State Chief Deputy Fire Marshal

CONSENT TO PENALTY

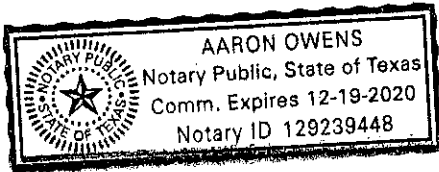
STATE OF TEXAS
COUNTY OF _____

I, Fiona Shantel Smith, 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. § 83-17-81(1), and voluntarily consent to an administrative fine in the amount of One Hundred Dollars (\$100.00).

This Consent to 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 before the Mississippi Department of Insurance.

[Handwritten signature of Fiona Shantel Smith]

Fiona Shantel Smith



Sworn to and subscribed before me this the 12th day of April, 2017.

[Handwritten signature of Notary Public]
NOTARY PUBLIC
My Commission Expires: Dec. 19th, 2020

Accepted by: [Handwritten signature of Mike Chaney]
MIKE CHANEY
COMMISSIONER OF INSURANCE

Date: 4/20/2017