#### MIKE CHANEY

Commissioner of Insurance State Fire Marshal

### **MARK HAIRE**

**Deputy Commissioner of Insurance** 



## **MAILING ADDRESS:**

P.O. Box 79 Jackson, MS 39205-0079 Phone: 601-359-3569 Fax: 601-359-2474

# MISSISSIPPI INSURANCE DEPARTMENT

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

## VOLUNTARY SURRENDER OF LICENSE

I, Michael S. Millis, 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) 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. 10363423 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 M S
COUNTY OF OKT. ble 12

Sworn to and subscribed to Before me this the 25 day of

2022

My Commission Expires

OUR DESTUDIO AND RESIDENTAL SOLUTION EXPIRES JAN. 2024

Accepted by:

COMMISSIONER OF INSURANCE

Michael S. Millis

License No. 10363423

This the <u>24</u> day of \_

, 2022.