



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

VOLUNTARY SURRENDER OF LICENSE

I, Chad McCullough, having been fully advised of the charges of alleged violations of the Mississippi Code and my rights to a hearing as provided in Miss. Code Ann. § 83-17-71 (Supp. 2017) 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 the voluntary surrender of my Mississippi Insurance Producer License No. 10379493 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.

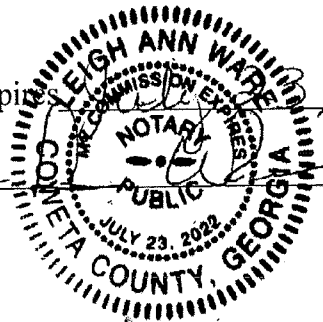
STATE OF Georgia
COUNTY OF Coweta

Handwritten signature of Chad McCullough
Chad McCullough

Sworn to and subscribed to
Before me this the 10 day of
September, 2018

My Commission Expires 2022

Handwritten signature of Notary Public



Accepted by: MIKE CHANEY
COMMISSIONER OF INSURANCE

This the 11th day of September, 2018.