



MISSISSIPPI INSURANCE DEPARTMENT

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

MAILING ADDRESS
Post Office Box 79
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TELEPHONE: (601) 359-3569
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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, Keith Wilson, 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. § 83-39-17 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 License No.10135253 to act as a Soliciting Bail Agent in the State of Mississippi, effective immediately.

I also agree to cease writing, soliciting or negotiating any bail bond; procuring bail bond obligations, making or causing to be made in any way, directly or indirectly, any bail bond; receiving or receipting for money on behalf of a Bail Agent, or securing or aiding in the placement of any bail bond 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 MS
COUNTY OF Hinds

Keith Wilson
Keith Wilson

License No.10135253

Sworn to and subscribed to
Before me this the 5th day of
October, ~~2019~~ 2021

Tasha Cross
Notary Public

My Commission Expires Sept. 19, 2025

Accepted by: Mike Chaney
MIKE CHANEY
COMMISSIONER OF INSURANCE

This the 5th day of October, 2021.

