



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 MISSISSIPPI
COUNTY OF GRENADA**

I, Arthur Tucker, having been fully advised of charges of alleged violations of Miss. Code Ann. §83-17-71 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 and voluntarily consent to the revocation of my insurance producer license.

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.


ARTHUR TUCKER

Sworn to and subscribed before me this the 20th day of Nov., 2017.

 LISA JOHNSON
NOTARY PUBLIC Notary Public, State of Alabama
My Commission Expires: Alabama State At Large
My Commission Expires **November 02, 2021**

Accepted by: 
MIKE CHANEY
COMMISSIONER OF INSURANCE

Date: Dec. 7, 2017