



**GEORGE DALE**  
Commissioner of Insurance  
State Fire Marshal

**LEE HARRELL**  
Deputy Commissioner

**STATE OF MISSISSIPPI**  
Mississippi Insurance Department

1001 Woolfolk Building (39201)  
Post Office Box 79  
Jackson, Mississippi 39205-0079  
(601) 359-3569  
<http://www.doi.state.ms.us>

STATE OF MISSISSIPPI  
COUNTY OF HINDS

CONSENT TO ADMINISTRATIVE PENALTY

I, Galvin L. Johnson, having been fully advised of charges of alleged violations of Miss. Code Ann. §83-17-71 (Supp. 2001) 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 imposition of an administrative penalty as follows:

Administrative penalty in the sum of Two Hundred Fifty Dollars (\$250.00), payable in one lump sum to the Mississippi Department of Insurance not later than March 3, 2003.

I fully understand that should I fail to timely pay the aforementioned administrative penalty as agreed, that the administrative hearing set by the Commissioner will be held and the action proposed in the Notice of Hearing and Statement of Charges may be taken against me without limitation.

This Consent to Administrative Penalty is being entered into in lieu of other possible administrative action by the Mississippi Department of Insurance.

Galvin L. Johnson  
GALVIN L. JOHNSON

Sworn to and subscribed before me this the 3rd day of February, 2003.

See Little Leaf  
NOTARY PUBLIC

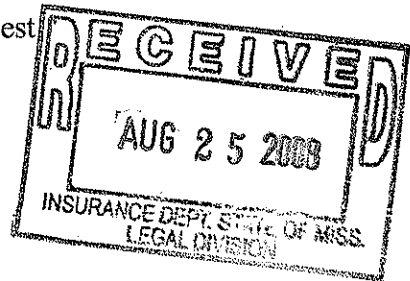
My Commission Expires:  
MISSISSIPPI STATEWIDE NOTARY PUBLIC  
~~MY COMMISSION EXPIRES FEB. 1, 2005~~  
BONDED THRU STEGALL NOTARY SERVICE

Accepted by: George Dale  
GEORGE DALE,  
COMMISSIONER OF INSURANCE

Date: 2/03/2003



Date: 08/20/2008  
 To: Mississippi Department of Insurance  
 P.O. BOX 79  
 JACKSON, MS 39205-0079  
 Attention: Bonnie S. / Legal dv./ Freedom of Information Request  
 Email:  
 Phone:  
 Fax:  
 Re: NIPR REQUEST



Applicant Name: GALVIN JOHNSON.  
 Applicant SS#: xxx-xx-2795  
 Case ID: 8971686  
 State licensed in: MISSISSIPPI

<b>Regulatory Actions</b>	<b>GALVIN L JOHNSON</b>	<b>NPN: 6400822</b>	<b>Date: 8-20-2008</b>
<b>State of Action:</b>	<b>MS</b>	<b>Action ID 10940371</b>	<b>Entity Role Producer</b>
<b>Origin of Action:</b>	<b>LEGAL</b>		
<b>Reason for Action:</b>	<b>FAILURE TO MAKE REQUIRED DISCLOSURE ON LICENSE APP</b>		
<b>Disposition:</b>	<b>CONSENT ORDER MONETARY PENALTY</b>		
<b>Date of Action:</b>	<b>02/03/2003</b>	<b>Enter Date:</b>	<b>02/18/2003</b>
	<b>Penalty/Fine/Forfeiture:</b>	<b>\$250</b>	
<b>Effective Date:</b>	<b>02/03/2003</b>	<b>File Ref:</b>	<b>Restitution Amount: \$0</b>
<b>Time/Length of Order(Days):</b>	<b>0</b>	<b>State RIRS Identifier:</b>	<b>1R_10940371</b>

This letter is to serve as a REQUEST to obtain copies of the DISCIPLINARY ACTIONS files against the above individual. If documents will not be available within 1 week of this request and/or if you should have any questions, please feel free to email me at [emacchiarella@FADV.com](mailto:emacchiarella@FADV.com) or call me directly at 1-800-321-4473 ext. 3317. You may fax the results to ~~727-214-0207~~; attention Ernest M. or email them to [emacchiarella@FADV.com](mailto:emacchiarella@FADV.com).

Thank you for your help in this matter.

Sincerely,  
 Ernest M.

First Advantage Corporation  
 (800) 321-4473 Ext 3317

Fax: ~~727-214-0207~~ 727-214-0139



CSP Verifications  
PO Box 3395  
Seminole, FL 33775-3395

PS Please include case# 8971686 when returning results.

Thanks again!