MISSISSIPPI INSURANCE DEPARTMENT

MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

MARK HAIRE
Deputy Commissioner of Insurance

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

MAILING ADDRESS
Post Office Box 79
Jackson, Mississippi 39205-0079
TELEPHONE: (601) 359-3569
FAX: (601) 359-2474

VOLUNTARY SURRENDER OF LICENSE

I, Cheryl L. Jordan, 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) (Supp. 2008) 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. 10146177 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 have no involvement directly or indirectly in the business of insurance 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 MISSISSIPPI
COUNTY OF DeSoto

Cheryl Lynn Jordan
Cheryl Lynn Jordan

Sworn to and subscribed to
Before me this the 21 day of
January, 2011

Notary Public

My Commission Expires 02/28/2011

STATE OF MISSISSIPPI
GLORIA OCTAVIA DANIELS
NOTARY PUBLIC
ID No. 84397
Comm. Expires
February 28, 2011
DESOTO COUNTY

Accepted by:
MIKE CHANEY
COMMISSIONER OF INSURANCE

This the 25th day of January, 2011.