

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

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

VOLUNTARY SURRENDER OF LICENSE

I, <u>Randal Ray Henson</u>, having been fully advised of the charges of possible violations of the Mississippi Code and my rights to a hearing as provided in <u>Miss. Code Ann.</u> § 83-17-71 (1), (2) and (4) (Rev. 2011) 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. <u>92000990</u> 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 MISSISSIPPI COUNTY OF <u>Sun Hower</u>

Sworn to and subscribed to Before me this the Ithday of

85860

NOTARY PUBLIC Comm Expires June 20, 2015

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My Commission Expires ___

Accepted by:

COMMISSIONER OF INSURANCE

This the \(\) day of \(\), 2