

MIKE CHANEY

MARK HAIRE

RICKY DAVIS State Chief Deputy Fire Marsha

MISSISSIPPI INSURANCE DEPARTMENT

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MAILING ADDRESS
Post Office Box 79
on, Mississippi 39205-0679 FAX. (601) 359-2474

VOLUNTARY SURRENDER OF LICENSE

I, JENNIFER L. LEWIS, having been fully advised of the charges of alleged violations of the Mississippi Code and my rights to a hearing as provided in Miss. Code Ann. § 83-17-71 (Supp. 2017) 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 the voluntary surrender of my Mississippi Insurance Producer License No. 10277287 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 insurance 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. By my voluntary surrender I am not admitting, consenting or acknowledging that I have violated any of the insurance laws or regulations of the Mississippi Insurance Department.

NEVADA STATE OF MISSISSIPPI COUNTY OF CLARK

Sworn to and subscribed to Before me this the 5th-day of April ,2018

CHRISTINE J. POWER Notary Public State of Nevada Appointment No. 09-10136-1 My Appt. Expires May 11, 2021

My Commission Expires MAY 11, 2021

Accepted by:

MIKE CHANEY

COMMISSIONER OF INSURANCE

This the 11th day of Apri