



MISSISSIPPI INSURANCE DEPARTMENT

MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

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

MARK HAIRE
Deputy Commissioner of Insurance

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

CONSENT TO ADMINISTRATIVE PENALTY

STATE OF Mississippi
COUNTY OF LeFlore

I, Katie Ruth Thomas, having been fully advised of charges of alleged violations of Miss. Code Ann. §83-17-71 and § 83-17-81(1) 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, admit to violating Miss. Code Ann. § 83-17-71(1)(j), and voluntarily consent to the imposition of an administrative penalty as follows:

Administrative penalty in the sum of Five Hundred Dollars (\$500.00), payable within sixty (60) days of the date of this Consent to the Mississippi Department of Insurance, and agree to being placed on probation for six (6) months.

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. The entering of this Consent Agreement resolves all matters alleged in the Notice of Hearing.

KATIE RUTH THOMAS

Sworn to and subscribed before me this the 1st day of Sept., 2010

TREY EVANS

CIRCUIT CLERK

NOTARY PUBLIC

My Commission Expires: MY COMMISSION EXPIRES JANUARY 7, 2012

Accepted by:

MIKE CHANEY
COMMISSIONER OF INSURANCE

Date:

9/8/10