

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: (801) 359-3569 FAX: (601) 359-2474

VOLUNTARY SURRENDER OF LICENSE

I, <u>Hardy Ferrell McCormick, II</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> 83-39-17 (Supp. 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 <u>Tax License No. 7800202</u> to act as a professional bail agent in the State of Mississippi, effective immediately.

I also agree to cease to engage in the business of soliciting bail agent, professional bail agent, or bail enforcement agent, perform any of the functions, duties or powers of the same, and to have no involvement directly or indirectly in the business of being a bail agent 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.

COMMISSIONER OF INSURANCE

This the \\day of \,\day .2011.

STATE OF MISSISSIPPI COUNTY OF Harle	Hardy Ferrell McCormick, II
Sworn to and subscribed to	License No. 7800202
Before me this the 4 day of	
November, 2011	
Eliza fort S. Boll Notary Public	My Commission Expires Nov. 23,
of MISS.	Accepted by: