

MISSISSIPPI INSURANCE DEPARTMENT

INSURANCE DEPT STATE OF MISS.

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

MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

MARK HAIRE Deputy Commissioner of Insurance

VOLUNTARY SURRENDER OF LICENSE

I, <u>Tyrone Naylor</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 (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 <u>Tax License No. 10162600</u> to act as a soliciting bail agent and enforcement 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.

STATE OF MISSISSIPPI COUNTY OF Landerdal

Sworn to and subscribed to Before me this the $\frac{\cancel{1}}{\cancel{9}}$ day of

Nov. ,2012

Notary Public

NOTARY PUBLIC

ID No. 65515

STANLE CO

License No. 10162600

My Commission Expires March 15, 2014

Accepted by:

MIKE CHANEY
COMMISSIONER OF INSURANCE

This the 4th day of December, 2012.

NOV 2 6 2012 OPERATUR # 4