BEFORE THE MISSISSIPPI INSURANCE DEPARTMENT STATE OF MISSISSIPPI

Agent Name: NEAL E. DRAPER

Insurance Producer License Number: 9502941

CONSENT TO ADMINISTRATIVE PENALTY

I, Neal E. Draper, having been fully informed of my alleged noncompliance with Miss. Code § 83-17-71 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 consent, in lieu of such hearing, to the following terms and conditions:

Neal E. Draper agrees to pay an administrative penalty to the Mississippi Insurance Department in the amount of One Thousand Dollars (\$1,000.00), due immediately upon the effective date of this agreement.

Execution of this agreement by Neal E. Draper does not constitute an admission of guilt relative to the allegations of noncompliance with Miss. Code § 83-17-71, but rather is an agreement to resolve the allegations without the necessity of a hearing. Neal E. Draper expressly agrees that he will strictly comply with all of the insurance laws of the State of Mississippi, and that all applications he submits for clients to insurance companies will be personally signed by the applicant or their duly authorized representative.

This Consent to Administrative Penalty is being tendered in lieu of other possible administrative action by the Department of Insurance of the State of Mississippi, and resolves all outstanding violations now within the knowledge of the Mississippi Insurance Department.

Neal E. Draper fully understands that should he fail to follow the terms of this Consent to Administrative Penalty as agreed, that an administrative hearing may be set by the Commissioner of Insurance and administrative action may be taken against him as provided in the Mississippi Code.

This Consent to Administrative Penalty shall be effective u	pon its full execution
and approval by the Commissioner of Insurance.	
NEAL E. DRAPER	Dated: 7/30/25

This Consent to Administrative Penalty is accepted and approved by me, on this the ________, 2025.

COMMISSIONER OF INSURANCE