



MISSISSIPPI INSURANCE DEPARTMENT

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

MIKE CHANEY  
Commissioner of Insurance  
State Fire Marshal  
MARK HAIRE  
Deputy Commissioner of Insurance

MAILING ADDRESS  
Post Office Box 79  
Jackson, Mississippi 39209-0079  
TELEPHONE: (601) 359-3508  
FAX: (601) 359-2474

VOLUNTARY SURRENDER OF LICENSE

I, Dorell Scott Johnikin, having been fully advised of the charges of possible violations of the Mississippi Code and my rights to a hearing as provided in Miss. Code Ann. § 83-17-71 (1), (2) and (4) 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 Insurance Producer License No. 10240481 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 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

STATE OF MS  
COUNTY OF Hinds

Dorell Scott Johnikin  
License No. 10240481

Sworn to and subscribed to  
Before me this the 5<sup>th</sup> day of  
February, 2024

My Commission Expires Oct. 2, 2026

Accepted by:   
MIKE CHANEY  
COMMISSIONER OF INSURANCE

This the 8<sup>th</sup> day of February, 2024

