



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

MAILING ADDRESS
Post Office Box 79
Jackson, Mississippi 39205-0079
TELEPHONE: (601) 359-3559
FAX: (601) 359-2474

MARK HAIRE
Deputy Commissioner of Insurance

VOLUNTARY SURRENDER OF LICENSE

I, Carl M. Bickham, 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) (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 Tax License No. 401686 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.

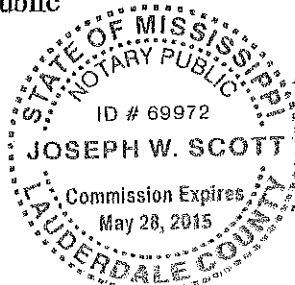
STATE OF MISSISSIPPI
COUNTY OF LAUDERDALE

Carl M. Bickham (Signature)

Sworn to and subscribed to
Before me this the 27th day of
MARCH, 2012

Notary Public (Signature)

My Commission Expires MAY 28, 2015



Accepted by: MIKE CHANEY
COMMISSIONER OF INSURANCE (Signature)

This the 28 day of March, 2012.