



MISSISSIPPI INSURANCE DEPARTMENT

501 N. WEST STREET, SUITE 1001
WOOLFOLK BUILDING
JACKSON, MISSISSIPPI 39201
www.doi.state.ms.us

MAILING ADDRESS
Post Office Box 79
Jackson, Mississippi 39205-0079
TELEPHONE: (601) 359-3669
FAX: (601) 359-2474
WATS: 1-800-562-2957 (Incoming - USA)

MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

VOLUNTARY SURRENDER OF LICENSE

I, Michael David Chandler, 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. § 83-39-17 (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 Tax License No. 10139923 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.

SC
STATE OF MISSISSIPPI
COUNTY OF Orangeburg

Michael David Chandler
Michael David Chandler
License No. 10139923

Sworn to and subscribed to
Before me this the 21 day of
June, 2012

Notary Public

My Commission Expires 2-7-2015

Accepted by: MIKE CHANEY
COMMISSIONER OF INSURANCE

This the 26 day of June, 2012.