

CONSENT TO CIVIL PENALTY AND OTHER CORRECTIVE ACTION

I, Deandre Salter, License No. 10102523, having been fully informed of the forgoing charges against me, and understanding that I am entitled to a hearing to contest such charges, hereby waive any right to such hearing and voluntarily consent to the imposition of a civil penalty in the sum of \$250.00, payable to the Mississippi Insurance Department not later than May 2, 2012.

This Consent is in lieu of any other administrative action by the Mississippi Insurance Department related to this matter, and otherwise finally resolves this matter. Payment of the aforementioned civil penalty and this executed Consent must be submitted to the Mississippi Insurance Department, Attention: **Mississippi Insurance Department, Legal Division, P.O. Box 79, Jackson, MS 39205.**

Deandre M. Salter
NAME

Sworn to and subscribed before me this the 10th day of May 2012
Beatrice D. Jackson
NOTARY PUBLIC

My Commission Expires: _____

Beatrice D. Jackson
Notary Public, State of New Jersey
No. 2372781
Qualified in Union County
Commission Expires April 24, 2013

Approved by: Mike Chaney 5/18/12
MIKE CHANEY Date
Commissioner of Insurance
State of Mississippi