



MISSISSIPPI INSURANCE DEPARTMENT

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

MAILING ADDRESS
Post Office Box 79
Jackson, Mississippi 39205-0079
TELEPHONE: (601) 359-3569
FAX: (601) 359-2474

MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

MARK HAIRE
Deputy Commissioner of Insurance

RICKY DAVIS
State Chief Deputy Fire Marshal

BEFORE THE COMMISSIONER OF INSURANCE

MISSISSIPPI INSURANCE DEPARTMENT

PETITIONER

VS.

CASE NO.: 17-7104

BRIAN A. HUDSON and
THE HUDSON AGENCY, LLC

RESPONDENTS

CONSENT TO PENALTY

STATE OF MISSISSIPPI
COUNTY OF LAMAR

I, Brian A. Hudson, individually and as owner/operator of The Hudson Agency, LLC, having been fully advised of charges of alleged violations of Miss. Code Ann. §83-17-71 and the proposed action against me, 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, admit to violating Miss. Code Ann. § 83-17-71, and voluntarily consent to the voluntary surrender of my insurance producer license (License # 10045121) and the license of The Hudson Agency, LLC (License # 15015009).

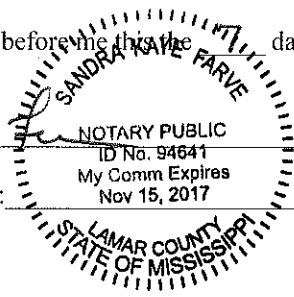
This Consent to Penalty is being entered into in lieu of other possible administrative action by the Mississippi Department of Insurance. The entering of this Consent Agreement resolves all matters pending at this time before the Mississippi Department of Insurance.

[Handwritten signature of Brian A. Hudson]

Brian A. Hudson, individually
and as owner/operator of The Hudson Agency, LLC

Sworn to and subscribed before me this the
August, 2017.

[Handwritten signature of Sandra Kay Farve]
NOTARY PUBLIC
My Commission Expires:



Accepted by:   
MIKE CHANEY  
COMMISSIONER OF INSURANCE

Date: 15 Aug. 2017