

MISSISSIPPI INSURANCE DEPARTMENT

MIKE CHANEY Commissioner of Insurance State Fire Marshall

MARK HAIRE Deputy Commissioner of Insurance 501 N. WEST STREET, SUITE 1001 WOOLFOLK BUILDING JACKSON, MISSISSIPPI 39201 www.mid.state.ms.us

MAILING ADDRESS Post Office Box 79 ackson, Mississippi 39205-0079 FELEPHONE: (601) 359-3569 FAX; (601) 359-2474

CONSENT DECREE

I, Centrell V. Ray, 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 (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.

I understand that the Commissioner has the authority to enforce these provisions in accordance with Title 83, Mississippi Code of 1972 even though my Mississippi Privilege Tax License No. 10109339 to act as an insurance producer in the State of Mississippi expired on August 31, 2012.

I 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 new insurance business, or securing or aiding in the placement of any contract of insurance and to refrain from any licensed activities in the State of Mississippi.

I also agree to pay an administrative fine in the amount of Five Hundred Dollars (\$500) to the Mississippi Insurance Department.

I also agree that before I am entitled to file another application for a license as a producer I must provide proof to the satisfaction of the Mississippi Insurance Department that reimbursement of \$3,602.17 in Advance Commissions, which were paid to me either directly or indirectly, must be made in full to Settlers Life Insurance Company, NAIC #97241.

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. By executing this voluntary surrender of license, I neither admit nor deny the allegations in the Statement of Charges.

STATE OF MISSISSIPPI COUNTY OF PIKE

Sworn to and subscribed to Before me this the 25 day of Avoust, 2014

Notary Public

My Commission Expires: June 4, 2017

ELIZABETH G. HAMILTON Commission Expires

Accepted by:

MIKE CHANE COMMISSIONER OF INSURANCE

This the 5 day of Salamen, 2014.