



MISSISSIPPI INSURANCE DEPARTMENT

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) 359-3569
FAX: (601) 359-2474

MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

MARK HAIRE
Deputy Commissioner of Insurance

VOLUNTARY SURRENDER OF LICENSE

I, Trischell L. Veal, 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 and consent to voluntarily surrender my Mississippi Privilege Tax License No. 1010222 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 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 to provide proof to the satisfaction of the Mississippi Insurance Department, that reimbursement of \$21,162.30 in Advance Commissions, which were paid to me either directly or indirectly, must be made in full to Settlers Life Insurance Company, NAIC #97241, before I am entitled to file another application for a license as a producer.

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

Trischell L. Veal
Trischell L. Veal

Sworn to and subscribed to
Before me this the 18 day of August, 2014

Elizabeth G. Hamilton
Notary Public

My Commission Expires: June 4, 2017

Accepted by: Mike Chaney
MIKE CHANEY
COMMISSIONER OF INSURANCE



This the 5th day of September, 2014.