

Mike Chaney
Commissioner of Insurance



501 N. West St., Suite 1001
Woolfolk State Office Building
Jackson, MS 39201
P.O. Box 79
Jackson, MS 39205

STATE OF MISSISSIPPI
Mississippi Insurance Department
www.mid.ms.gov

Individual Voluntary Surrender Form

Resident Non-Resident

INSTRUCTIONS: All areas of this form that relate to the individual (producer/adjuster) must be complete. WE MUST HAVE A PHYSICAL ADDRESS FOR THE RESIDENCE. Use a separate form for each license type. The form must be legible or it will not be processed. This form may be faxed @ 601-359-1951, scanned and emailed to licensing@mid.ms.gov, or mailed to Mississippi Insurance Department, P. O. Box 79, Jackson, Mississippi 39205.

No Fee: \$0.00

INDIVIDUAL: PRODUCER/ADJUSTER

Current Name (Please print name as it appears on MS license) CAROLYN SUZANNE JOHNSON

MS license # 9503716 NPN# 6398471

License Type INSURANCE PRODUCER

Reason for surrendering: NO LONGER SELLING INSURANCE

Current Mailing Address: ~~00000~~ P.O. Box 6361 VANCELAUG, MS 39565

Current Residence Address: 12712 SEAMAN RD VANCELAUG, MS 39565

Please accept this as my request to voluntarily surrender my Mississippi producer/adjuster license. I understand I am no longer authorized to transact insurance under the license stated above.

Print name of Licensee CAROLYN SUZANNE JOHNSON

Signature of Licensee *Carol S. Johnson* Date 9-9-2016

Accepted by: *Mike Chaney*
MIKE CHANEY
COMMISSIONER OF INSURANCE

This the 15th day of Sept, 2016