

THE DEPARTMENT OF INSURANCE  
STATE OF MISSISSIPPI

COPY

Agent: Terrence P. Good  
License: 1690

CONSENT TO ADMINISTRATIVE PENALTY

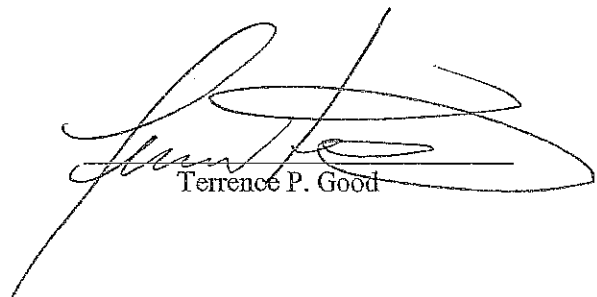
I, Terrence P. Good, having been fully informed of my alleged noncompliance with Miss. Code Ann. § 83-17-1 et. seq. and understanding that I am entitled to a hearing before the Commissioner of Insurance of the State of Mississippi (MID) to determine the reasonableness of the Commissioner's action, do hereby consent, in lieu of such hearing, to the following terms and conditions:

1. MID receipt of proof of reimbursement to Traveler's Insurance for converting and improperly withholding monies received in the course of doing insurance business by withholding Ms. Marcy Hill's home owner's insurance payment of \$891.00, in violation of the provisions of Miss. Code Ann. § 83-17-71(1) (d) (Rev. 2011).
2. MID receipt of proof of compliance with Mississippi Department of Human Services, Child Support Services case #610461549, Leflore Cause #G96-0088, which order is in arrears in the amount of approximately \$13,708.83.
3. MID receipt of proof of compliance with Mississippi Department of Human Services, Child Support Services case #600920022, Leflore Cause #S-116, which order is in arrears in the amount of approximately \$1726.00.
4. My privilege license #1690 cannot be renewed until the Mississippi Insurance Department is notified that I have complied with Paras 2, 3, and 4. At that time I may apply for renewal of my producer license(s). However, if I am charged with and found guilty of another violation of the Mississippi Insurance Department Rules or Regulations during the first year after my license renewal, my license will be revoked immediately.

This Consent to Administrative Penalty is being tendered in lieu of other possible administrative action by the Department of Insurance of the State of Mississippi.

I fully understand that should I fail to follow the terms of this Consent to Administrative Penalty as agreed, that an administrative hearing will be set by the Commissioner of Insurance and administrative action may be taken against me as provided in the Mississippi Code.

STATE OF MS  
COUNTY OF Hinds

  
Terrence P. Good

Sworn to and subscribed  
before me this the 15 day of

Jan, 2014.

[Signature]  
Notary Public

My Commission Expires \_\_\_\_\_

Accepted by: By: Mark Haire Deputy  
Mike Chaney  
COMMISSIONER OF INSURANCE  
Commissioner

This the 15<sup>th</sup> day of January, 2014.



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