



MISSISSIPPI INSURANCE DEPARTMENT

MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

MARK HAIRE
Deputy Commissioner of Insurance

RICKY DAVIS
State Chief Deputy Fire Marshal

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) 359-3589
FAX: (601) 359-2474

VOLUNTARY SURRENDER OF COOPER INSURANCE
AGENCY, LLC'S LICENSE

I, Charles R. Cooper III, designated agent and manager of Cooper Insurance Agency, LLC, (hereinafter referred to as "Agency") having been fully advised of a charge of a possible violation of the Mississippi Code and the Agency's right to a hearing as provided in Miss. Code Ann. § 83-17-71 (Rev. 2011) and understanding that the Agency is 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 Cooper Insurance Agency's License No. 15007386 to act as an insurance agency in the State of Mississippi, effective immediately.

I also agree that Cooper Insurance Agency, LLC will 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.

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

STATE OF MISSISSIPPI
COUNTY OF HARRISON

Charles R. Cooper, III
Designated Agent and Manager

Sworn to and subscribed to
Before me this the 13th day of JANUARY, 2016

Notary Public
My Commission Expires:
Oct. 7, 2017
HARRISON COUNTY

Accepted by: MIKE CHANEY
COMMISSIONER OF INSURANCE

This the 20th day of January, 2016.



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

VOLUNTARY SURRENDER OF LICENSE

I, Charles R. Cooper III, having been fully advised of a charge of a possible violation 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. 8402418 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.

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

STATE OF MISSISSIPPI
COUNTY OF HARRISON

Charles R. Cooper III
Charles R. Cooper, III

Sworn to and subscribed to
Before me this the 13th day of JANUARY, 2016

Notary Public
My Commission Expires:
OCT 7 2017
HARRISON COUNTY

Accepted by: MIKE CHANEY
COMMISSIONER OF INSURANCE

This the 20th day of January, 2016.