



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

July 1, 2016

Annie C. Goodson
9700 Rockside Road Suite 250
Cleveland, OH 44125-6264

VIA CERTIFIED MAIL

91 7199 9991 7033 1680 7102

Re: Notice of License Revocation
License No 10269520

Ms. Goodson:

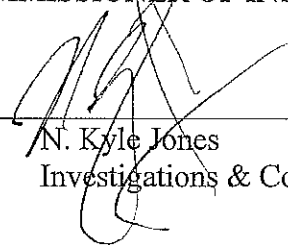
The Department has received notification that your Ohio Producer's License was revoked. According to Miss. Code §83-17-65(6), "a person licensed in this state as a nonresident producer whose license is denied, suspended or revoked in his or her home state shall also have his or her nonresident license denied, suspended or revoked in this state without prior notice or hearing." Your non-resident license has been revoked upon receipt of this notification.

If you would like to contest the revocation, you may within ten (10) days of the date of this letter make a written request to the Department for a hearing before the Commissioner to determine the reasonableness of the Commissioner's action. Please mail this request to Mississippi Insurance Department, P.O. Box 79, Jackson, MS 39205. The hearing shall be held within thirty (30) days of the receipt of the written request.

If you have any further questions regarding this matter, or if you believe that this letter was sent in error, you may contact me at the following number: (601) 359-2347. Please note that I am not able to provide you with legal advice. You should contact an attorney of your choice to obtain any legal advice or assistance you may desire.

MIKE CHANEY
COMMISSIONER OF INSURANCE

BY:


N. Kyle Jones

Investigations & Consumer Protection Div.