

**AGREED ORDER FOR VOLUNTARY
SURRENDER OF LICENSE**

STATE OF MISSISSIPPI
COUNTY OF HINDS

I, Stephanie S. Floyd, acknowledge that I have been fully advised of charges resulting from my alleged violations of Mississippi insurance laws and that the Mississippi Commissioner of Insurance may place me on probation, suspend, revoke, or refuse to issue or renew my insurance producer's license or may levy a civil penalty in an amount not to exceed One Thousand Dollars (\$1,000.00) per violation for such alleged violations. Specifically, I acknowledge that I am alleged to have violated the following provisions of Mississippi insurance laws, all of which allow the Commissioner to take the aforesaid action against me:

1. Mississippi Code Annotated, Section 83-17-71 (1) (b) – Violating any insurance laws, or violating any regulation, subpoena or order of the commissioner or of another state's commissioner.
2. Mississippi Code Annotated, Section 83-17-71 (1) (a) – Providing incorrect, misleading, incomplete or materially untrue information in the license application


I understand and acknowledge that I am entitled to a hearing before the Commissioner of Insurance of the State of Mississippi pursuant to Mississippi Code Annotated, Section 83-17-71 (Supp. 2008) to determine the reasonableness of the Commissioner's action. Knowing that I am entitled to such a hearing, I hereby expressly waive the right to a hearing and consent, in lieu of such hearing, to voluntarily surrender my Mississippi Privilege License Number 10061806 to act as an insurance producer in the State of Mississippi, effective immediately.

I 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 insurance, or securing or aiding in the placement of any contract of insurance. I further agree to have no involvement, directly or indirectly, in the business of insurance in the State of Mississippi.

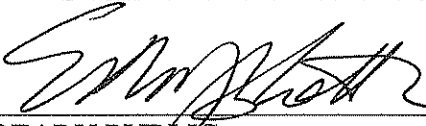
This voluntary surrender of my privilege license is being tendered in lieu of other possible administrative action that may be taken by the Mississippi Commissioner of Insurance. Futhermore, I agree not to file another application with the Mississippi Department of Insurance for a license as an insurance prodcuer within one year from this date.

I fully understand that should I fail to follow the terms of this Agreed Order as set forth herein, an administrative hearing will be set by the Commissioner of Insurance and administrative action may be taken against me as provided in Mississippi law.

Under the penalty of perjury, I, Stephanie S. Floyd, execute this document of my own free will this the 31 day of July 2009.


Stephanie S. Floyd

Sworn to and subscribed to before me this the 31 day of July 2009.


NOTARY PUBLIC
My Commssien Expires: _____

Notary Public State of Mississippi At Large
My Commission Expires: December 3, 2009
Bonded Thru Heiden, Brooks & Garland, Inc.

Accepted by: 
MIKE CHANEY
COMMISSIONER OF INSURANCE