

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) Melissa A. Wade

MS license # 10308641 NPN# _____

License Type Insurance Producer

Reason for surrendering: No Longer working as An Insurance producer in the State of Mississippi

Current Mailing Address: PO Box 173

Current Residence Address: 1695 Seaton Rd. Raymond, Ms. 39154

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 Melissa A. Wade

Signature of Licensee

Melissa Wade

Date

7-28-16