

DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

P.O. Box 690, Jefferson City, Mo. 65102-0690

In Re:	Paul Burkemper)	File No. 138966
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VOLUNTARY LICENSE SURRENDER ORDER

This Voluntary Surrender Order acknowledges that the Missouri Department of Insurance, Financial Institutions and Professional Registration has received the voluntary surrender of, Paul Burkemper license, License Number PR185781 dated August 10, 2011.

THIS 574 DAY OF OCTOBER , 2011.

GOLD SEAL

JOHN M. HUFF, Director Missouri Department of Insurance,

Financial Institutions and Professional Registration



DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

P.O. Box 690, Jefferson City, Mo. 65102-0690

VOLUNTARY LICENSE SURRENDER FORM

I, Paul Burkemper, hereby surrender my producer license, PR0185781 to the Missouri Department of Insurance, Financial Institutions and Professional Registration ("Department"). I understand the Department will report this action to the National Association of Insurance Commissioners. I also understand all fees paid to the Department will not be refunded. My original producer license is enclosed.

DATE 8/10/11

SIGNATURE

Return to:

Dennis A. Fitzpatrick
Department of Insurance, Financial
Institutions and Professional Registration
P. O. Box 690
Jefferson City, MO 65102

Our File #116268



NPN: 4997751

PAUL E. BURKEMPER 6 W GEYER LN ST LOUIS MO 63131

License No: 0185781

State of Missouri Insurance License

PAUL E. BURKEMPER

Is hereby authorized to transact business in accordance with the license description below:

LICENSE TYPE	LINES OF AUTHORITY	EFFECTIVE DATE	LICENSE EXPIRATION DATE
Producer	Life Accident and Health	05/10/1994	12/29/2011
	Title Title	12/29/1993	
	Life Variable Contract	05/10/1994	
		112	

This insurance license shall remain in effect until the expiration date unless suspended, revoked or forfeited. The individual must complete continuing education, if applicable, renew the license, and pay fees as required by Missouri Statutes prior to the expiration date:

For questions regarding a license, contact: MO DIFP - Insurance 573-751-3518 or E-mail: licensing@insurance.mo.gov http://www.insurance.mo.gov