





**DEPARTMENT OF INSURANCE, FINANCIAL  
INSTITUTIONS AND PROFESSIONAL REGISTRATION**

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

**VOLUNTARY LICENSE SURRENDER FORM**

I, Gemell Elan Armour (MO Lic#: 0211379), do hereby agree to surrender my Missouri producer license to the Missouri Department of Insurance, Financial Institutions and Professional Registration ("Department"). This action is agreed upon as a result of a complaint filed with the Department against me for actions I took as an insurance producer, which were in conflict with the insurance laws Missouri.

I understand the Department will report this action to the National Association of Insurance Commissioners (NAIC). I also understand no fees paid to the Department will be refunded.

7-24-2012  
DATE

Gemell E. Armour  
SIGNATURE

Return to:

E.J. Jackson, Special Investigator  
Department of Insurance, Financial  
Institutions and Professional Registration  
P. O. Box 690  
Jefferson City, MO 65102

Tracking ID#: 165913