

STATE OF MISSOURI



DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

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

In Re: Paul Burkemper

)
)
)

File No. 138966

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.

SO ORDERED, SIGNED AND OFFICIAL SEAL AFFIXED

THIS 5TH DAY OF OCTOBER, 2011.

GOLD SEAL

A handwritten signature in black ink, appearing to read "John M. Huff".

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

A handwritten signature in black ink, appearing to read "Paul Burkemper", written over a horizontal line.

Return to:

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

Our File #116268

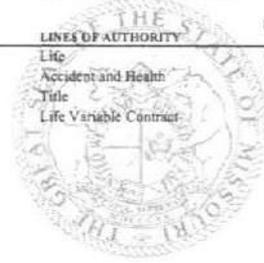
License No: 0185781

State of Missouri
Insurance License

NPN: 4997751

PAUL E. BURKEMPER

LICENSE TYPE	LINES OF AUTHORITY	EFFECTIVE DATE	LICENSE EXPIRATION DATE
Producer	Life	05/10/1994	12/29/2011
	Accident and Health	10/21/2002	
	Title	12/29/1993	
	Life Variable Contract	05/10/1994	



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

License No: 0185781

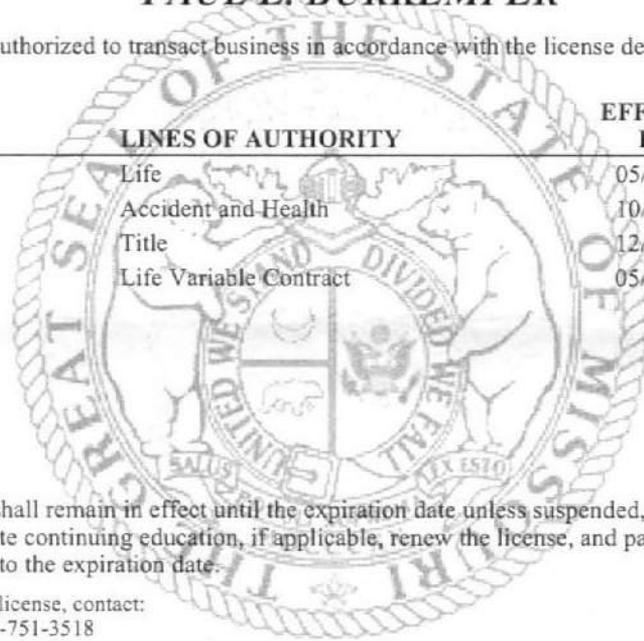
State of Missouri
Insurance License

NPN: 4997751

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	05/10/1994	12/29/2011
	Accident and Health	10/21/2002	
	Title	12/29/1993	
	Life Variable Contract	05/10/1994	



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>