DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

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

VOLUNTARY LICENSE SURRENDER ORDER

In Re:	DIEGO RAFAEL PONSSA)	File No. 127216 (e)
	)	
	)	
	)	

This Voluntary Surrender Order acknowledges that the Missouri Department of Insurance, Financial Institutions and Professional Registration has received the voluntary surrender of, Diego R. Ponssa, License Number 0388418 on May 31, 2011.

SO ORDERED, SIGNED AND OFFICIAL SEAL AFFIXED THIS 7th DAY OF June, 2011.

GOLD SEAL

JOHN M. HUFF, Director
Missouri Department of Insurance,
Financial Institutions and
Professional Registration

RECEIVED
MAY 31 2011
DEPT OF INSURANCE, FINANCIAL INSTITUTIONS & PROFESSIONAL REGISTRATION

STATE OF MISSOURI

MDCCCXX

DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

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

VOLUNTARY LICENSE SURRENDER FORM

I, **Diego Rafael Ponssa**, hereby surrender my producer license# 0388418, 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 no fees paid to the Department will be refunded. My **original** producer license is enclosed.

5/24/11
DATE

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#: 118146

License No: 0388418

State of Missouri
Insurance License
DIEGO R. PONSSA

NPN: 8877397

LICENSE TYPE	LINES OF AUTHORITY	EFFECTIVE DATE	LICENSE EXPIRATION DATE
Producer	Accident and Health	02/14/2007	02/14/2013

DIEGO R. PONSSA
HUMANA INSURANCE COMPANY
5701 E HILLSBOROUGH AV SUITE 2400
TAMPA FL 33610

State of Missouri
Insurance License
DIEGO R. PONSSA

License No: 0388418

NPN: 8877397

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

LICENSE TYPE	LINES OF AUTHORITY	EFFECTIVE DATE	LICENSE EXPIRATION DATE
Producer	Accident and Health	02/14/2007	02/14/2013

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

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