



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

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

VOLUNTARY LICENSE SURRENDER FORM

I, Brian L. Hill, hereby surrender my insurance producer license,
803 7529, 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 and that all fees paid to the Department
will not be refunded. I also understand that pursuant to Section 375.141.4, RSMo (Supp. 2012)
the Department may pursue disciplinary action against a surrendered or expired license. My
original insurance producer license is enclosed.

12/26/12

DATE

[Signature]
SIGNATURE

Return to:

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

RECEIVED

DEC 31 2012

MO. DEPT OF INSURANCE,
FINANCIAL INSTITUTIONS &
PROFESSIONAL REGISTRATION