





DEPARTMENT OF INSURANCE, FINANCIAL  
INSTITUTIONS AND PROFESSIONAL REGISTRATION

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

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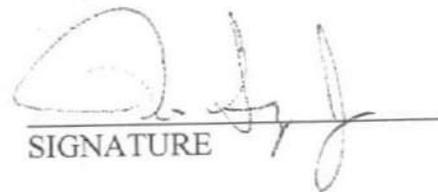
In Re: Ronald J. George, Jr.  
PO Box 504  
Bolivar, MO 65613

MO. DEPT OF INSURANCE,  
FINANCIAL INSTITUTIONS &  
PROFESSIONAL REGISTRATION

VOLUNTARY LICENSE SURRENDER FORM

I, Ronald J. George, Jr. hereby surrender my producer license, No. 9003674, 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.

11-30-11  
DATE

  
SIGNATURE

Please return original to:  
Jennifer Zagorac  
Missouri Department of Insurance  
PO Box 4001  
Jefferson City, MO 65102

Our File # 142142E

License No: 0385894

State of Missouri  
Insurance License

NPN: 9003674

**RONALD J. GEORGE JR**

LICENSE TYPE  
Producer

LINES OF AUTHORITY  
Life

EFFECTIVE DATE  
12/27/2006

LICENSE EXPIRATION DATE  
12/27/2012



**RONALD J. GEORGE JR**  
PO BOX 504  
BOLIVAR MO 65613

License No: 0385894

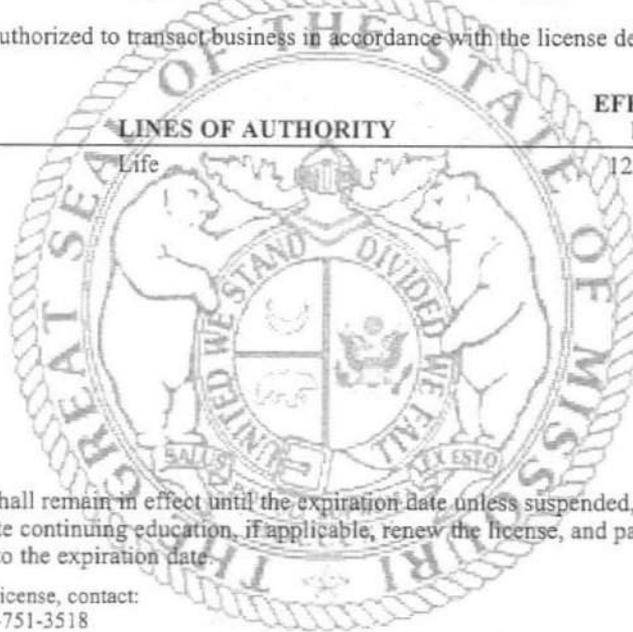
State of Missouri  
Insurance License

NPN: 9003674

**RONALD J. GEORGE JR**

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	12/27/2006	12/27/2012



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](mailto:licensing@insurance.mo.gov)  
<http://www.insurance.mo.gov>