

STATE OF MISSOURI



DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

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

VOLUNTARY LICENSE SURRENDER FORM

I, Artir Halili, hereby surrender my insurance producer license# 8083695, 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.

12-19-2012
DATE

Artir Halili
SIGNATURE

Return to:

E.J. Jackson, Special Investigator
Department of Insurance, Financial
Institutions and Professional Registration
P. O. Box 690
Jefferson City, MO 65102
573-522-3630 fax
ej.jackson@insurance.mo.gov