



## VOLUNTARY LICENSE SURRENDER FORM

I, Jeffery Martin, hereby surrender my producer license, \_\_\_\_\_ 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.

12/04/2009  
DATE

[Signature]  
SIGNATURE

Return to:

Karen Crutchfield  
Department of Insurance, Financial  
Institutions and Professional Registration  
P. O. Box 690  
Jefferson City, MO 65102

Our File # 09A000770