



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

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

VOLUNTARY LICENSE SURRENDER FORM

I, Melody S Reavy, hereby surrender my producer license, PR379812 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.

8-13-09
DATE


SIGNATURE

Return to:

Dennis A. Fitzpatrick
Department of Insurance, Financial
Institutions and Professional Registration
P. O. Box 690
Jefferson City, MO 65102

Our File #09A000569

STATE OF MISSOURI



DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

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

PRODUCER LICENSE

IT IS HEREBY CERTIFIED THAT

MELODY SUE REAVY

IS AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE WITH THE
SPECIFIC LINES SHOWN ON THE LICENSE - IF APPLICABLE

Issue Date: OCT 14, 2008

Expiration Date : OCT 5, 2010

(Wall Certificate)



REAVY, MELODY SUE
1236 WOODGROVE PARK DR
OFALLON, MO 63366

(Wallet License)

MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL
INSTITUTIONS AND PROFESSIONAL REGISTRATION

PRODUCER LICENSE

IDENT. NO.: PR379812

THIS IS TO CERTIFY THAT



REAVY, MELODY SUE
1236 WOODGROVE PARK DR
OFALLON, MO 63366

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN
ACCORDANCE WITH THE LICENSE DESCRIPTION BELOW

License Lines	Qualify Date
Accident and Health	Oct 5, 2006
Life	Oct 5, 2006

LICENSE PRINT DATE: OCT 14, 2008
LICENSE EXPIRATION DATE: **OCT 5, 2010**