



DEPARTMENT OF INSURANCE, FINANCIAL
INSTITUTIONS AND PROFESSIONAL REGISTRATION

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

VOLUNTARY LICENSE SURRENDER FORM

I, Odessa Way Rollins, hereby surrender my insurance producer license, 0419094, 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 license is enclosed.

4/19/12
DATE

Odessa Rollins
SIGNATURE

Return to:

Sheri D. Sloan
Department of Insurance, Financial
Institutions and Professional Registration
P. O. Box 690
Jefferson City, MO 65102

Our Tracking ID 160600

License No: 0419094

State of Missouri
Insurance License
ODESSA W. ROLLINS

NPN: 482728

LICENSE TYPE
Producer

LINES OF AUTHORITY
Life
Accident and Health

EFFECTIVE DATE
06/13/2008
LICENSE EXPIRATION DATE
06/13/2012



ODESSA W. ROLLINS
4422 DUNWOODY PLACE
ORLANDO FL 32808

State of Missouri
Insurance License

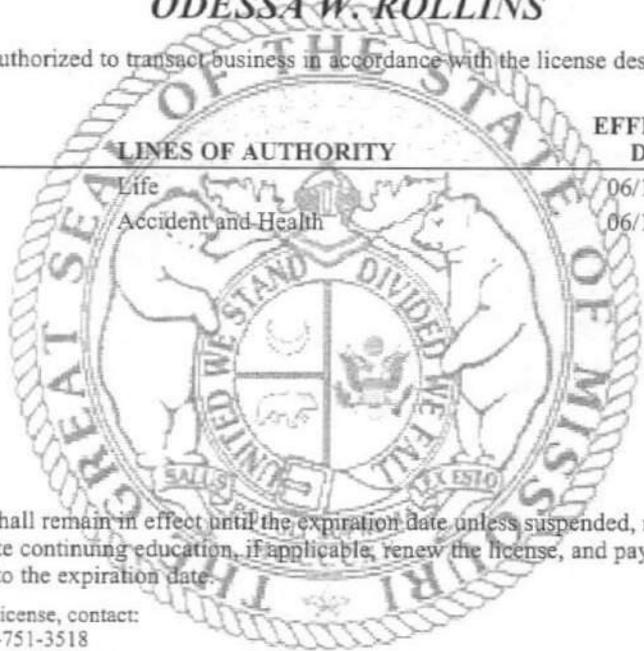
License No: 0419094

NPN: 482728

ODESSA W. ROLLINS

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 Accident and Health	06/13/2008 06/13/2008	06/13/2012



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
<http://www.insurance.mo.gov>

