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DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

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

VOLUNTARY LICENSE SURRENDER FORM

I, Juan Martinez, hereby surrender my producer license, PR417781 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.

12/30/2009
DATE

Juan Martinez
SIGNATURE

Return to:
Carrie Couch, Special Investigator
Department of Insurance, Financial
Institutions and Professional Registration
P. O. Box 690
Jefferson City, MO 65102

Our File #09A000694

RECEIVED

JAN 08 2010

MO. DEPT OF INSURANCE,
FINANCIAL INSTITUTIONS &
PROFESSIONAL REGISTRATION