

STATE OF MISSOURI



DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

RECEIVED

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

MAR 04 2009

MO. DEPT OF INSURANCE,
FINANCIAL INSTITUTIONS &
PROFESSIONAL REGISTRATION

VOLUNTARY LICENSE SURRENDER FORM

I, Connie Jo Easley, hereby surrender my producer license, PR320802 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.

2-27-09
DATE

Connie Easley
SIGNATURE

Return to:

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

Our File #08A000335