

STATE OF MISSOURI

COPY



DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

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

Voluntary Surrender

File Number: 08A000778

To Whom It May Concern:

I, Simon D. Ebenstein hereby surrender my bail bond license, BB305758 to the Missouri Department of Insurance, Financial Institutions and Professional Registration.

DATED: July 9th, 2009

SIGNED *Simon D. Ebenstein*
Simon D. Ebenstein

Return to:

Les Hogue
Department of Insurance
PO Box 690
Jefferson City MO 65102

Les.Hogue@insurance.mo.gov

RECEIVED

JUL 13 2009

MO. DEPT OF INSURANCE
FINANCIAL INSTITUTIONS
AND PROFESSIONAL REGISTRATION