





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

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

**VOLUNTARY LICENSE SURRENDER FORM**

I, Lindsey Weathers, hereby surrender my producer license, PR0431817, 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.

10.9.12

DATE

Yatt

SIGNATURE

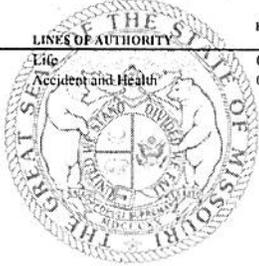
Return to:

Lynda Kammeier  
Department of Insurance, Financial  
Institutions and Professional Registration  
P. O. Box 690  
Jefferson City, MO 65102

Our File # 171608c

License No: 0431817      State of Missouri Insurance License      NPN: 8094851  
**LINDSEY B. WEATHERS**

LICENSE TYPE	LINES OF AUTHORITY	EFFECTIVE DATE	LICENSE EXPIRATION DATE
Producer	Life Accident and Health	01/05/2009	01/05/2013
		01/05/2009	



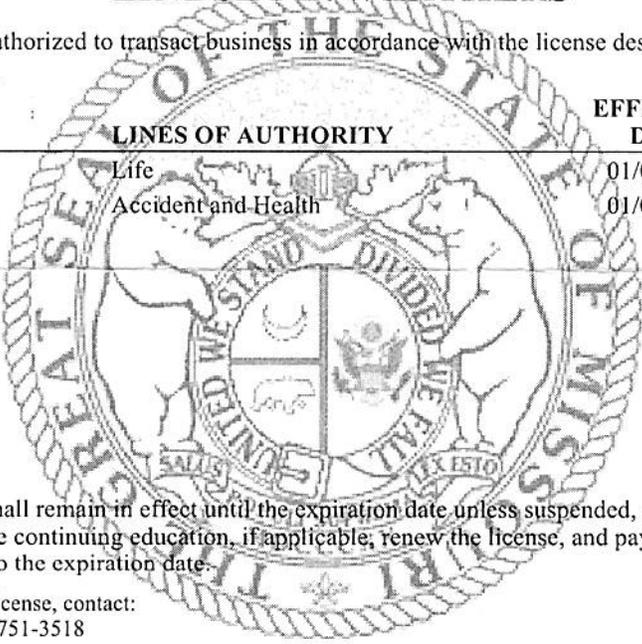
**LINDSEY B. WEATHERS**  
 823 E NORTHVIEW ST  
 OLATHE KS 66061-0000

State of Missouri  
 Insurance License      NPN: 8094851

**LINDSEY B. WEATHERS**

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	01/05/2009	01/05/2013
		01/05/2009	



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](mailto:licensing@insurance.mo.gov)  
<http://www.insurance.mo.gov>