


DEPARTMENT OF COMMERCE & INSURANCE

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

VOLUNTARY LICENSE SURRENDER FORM

I, Lloyd Gronich, hereby surrender my insurance producer license, #8408457, to the Missouri Department of Commerce and Insurance ("Department"). I understand the Department will report this action to the National Association of Insurance Commissioners and that all fees paid to the Department will not be refunded. I also understand that pursuant to Section 375.141.4, RSMo the Department may pursue disciplinary action against a surrendered or expired license.

3/9/2021
DATE


SIGNATURE

Return to:

Dennis Fitzpatrick, Special Investigator
Department of Commerce and Insurance
P. O. Box 690
Jefferson City, MO 65102