

## DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

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

| In Re: | Kurt Litterest | ) | File No127057 |
|--------|----------------|---|---------------|
|        |                | ) |               |
|        |                | ) |               |
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### VOLUNTARY LICENSE SURRENDER ORDER

This Voluntary Surrender Order acknowledges that the Missouri Department of Insurance, Financial Institutions and Professional Registration has received the voluntary surrender of, <a href="Missouri Department of Insurance, Financial Institutions and Professional Registration has received the voluntary surrender of, <a href="Missouri Department of Insurance, Financial Institutions and Professional Registration has received the voluntary surrender of, <a href="Missouri Department of Insurance, Financial Institutions and Professional Registration has received the voluntary surrender of, <a href="Missouri Department of Insurance, Financial Institutions and Professional Registration has received the voluntary surrender of, <a href="Missouri Department of Insurance, Financial Institutions and Professional Registration has received the voluntary surrender of, <a href="Missouri Department of Insurance, Financial Institutions and Professional Registration has received the voluntary surrender of, <a href="Missouri Department of Insurance, Financial Ins

SO ORDERED, SIGNED AND OFFICIAL SEAL AFFIXED

THIS 27 DAY OF JWG , 2011.

JOHN M. HUFF, Director Missouri Department of Insurance, Financial Institutions and Professional Registration



## DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

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# VOLUNTARY LICENSE SURRENDER FORM

I, \_\_Kurt Litterest\_, hereby surrender my insurance producer license, \_0426796\_\_ to the NCIAL 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 license is enclosed.

6/10/11

SIGNATURE

Return to:

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

Our Tracking ID 127057



## DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

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

### PRODUCER LICENSE

IT IS HEREBY CERTIFIED THAT

#### KURT D LITTEREST

IS AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE WITH THE SPECIFIC LINES SHOWN ON THE LICENSE - IF APPLICABLE

Issue Date: OCT 16, 2008 Expiration Date: OCT 15, 2010