



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

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

In Re: Kenneth Monson

) File No. 143998
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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, Kenneth Monson's license, License Number 8034103 on May 11, 2012.

SO ORDERED, SIGNED AND OFFICIAL SEAL AFFIXED

THIS 16TH DAY OF MAY, 2012.



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



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

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

VOLUNTARY LICENSE SURRENDER FORM

I, Kenneth Monson, hereby surrender my insurance producer license, 8034103 to the Missouri Department of Insurance, Financial Institutions and Professional Registration ("Department"). I also understand all fees paid to the Department will not be refunded. My original license is enclosed.

May 8th, 2012
DATE

Kenneth Monson
SIGNATURE

Return to:

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

License No: 8034103

State of Missouri
Insurance License

NPN: 7616622

KENNETH O. MONSON**LICENSE TYPE**

Producer

LINES OF AUTHORITY

Life

Accident and Health

EFFECTIVE DATE

08/26/2009

LICENSE EXPIRATION DATE

08/26/2011

KENNETH O. MONSON
EXTEND INSURANCE SERVICES
10975 STERLING VIEW DR STE A1
SOUTH JORDAN UT 84095-4189

License No: 8034103

**State of Missouri
Insurance License**

NPN: 7616622

KENNETH O. MONSON

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	08/26/2009 08/26/2009	08/26/2011

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
<http://www.insurance.mo.gov>