



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

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

In Re: Danielle Welch-Benson )  
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)  
)

File No. 183054

**VOLUNTARY LICENSE SURRENDER  
ORDER**

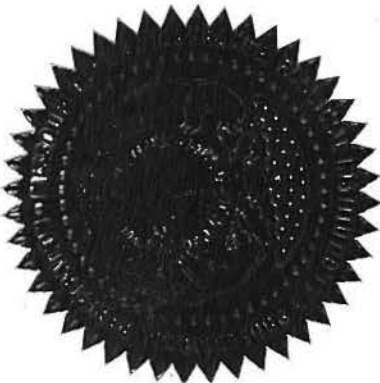
This Voluntary Surrender Order acknowledges that the Missouri Department of Insurance, Financial Institutions and Professional Registration has received the voluntary surrender of, Danielle Welch-Benson's license, License Number 8071893, on January 15, 2013.

**SO ORDERED, SIGNED AND OFFICIAL SEAL AFFIXED**

THIS 24<sup>th</sup> DAY OF JANUARY, 2013.

A handwritten signature in black ink, appearing to read "John M. Huff", is written over a horizontal line.

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



# STATE OF MISSOURI



RECEIVED  
JAN 15 2013  
DEPT OF INSURANCE  
FINANCIAL INSTITUTIONS &  
PROFESSIONAL REGISTRATION

## DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

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

### VOLUNTARY LICENSE SURRENDER FORM

I, Dannielle Welch Benson, hereby surrender my insurance producer license, #8071893, 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 and that all fees paid to the Department will not be refunded. I also understand that pursuant to Section 375.141.4, RSMo (Supp. 2012) the Department may pursue disciplinary action against a surrendered or expired license. My original insurance producer license is enclosed.

1/9/2013  
DATE

Dannielle Welch - Benson  
SIGNATURE

Return to:

Jodi Lehman, Special Investigator  
Department of Insurance, Financial  
Institutions and Professional Registration  
P. O. Box 690  
Jefferson City, MO 65102

License No: 8071893 State of Missouri Insurance License NPN: 16222957

**DANNIELLE WELCH-BENSON**

| LICENSE TYPE | LINES OF AUTHORITY          | EFFECTIVE DATE | LICENSE EXPIRATION DATE |
|--------------|-----------------------------|----------------|-------------------------|
| Producer     | Life<br>Accident and Health | 05/11/2011     | 05/11/2013              |
|              |                             | 05/11/2011     |                         |



**DANNIELLE WELCH-BENSON**  
216 MADISON PARK DRIVE  
ST. PETERS MO 63376

State of Missouri  
Insurance License

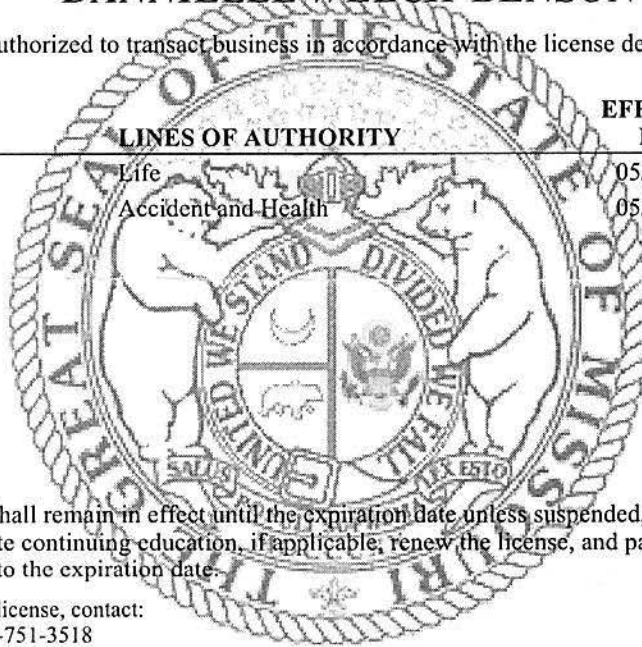
License No: 8071893

NPN: 16222957

**DANNIELLE WELCH-BENSON**

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<br>Accident and Health | 05/11/2011     | 05/11/2013              |
|              |                             | 05/11/2011     |                         |



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