

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

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

In Re: Michael Forte

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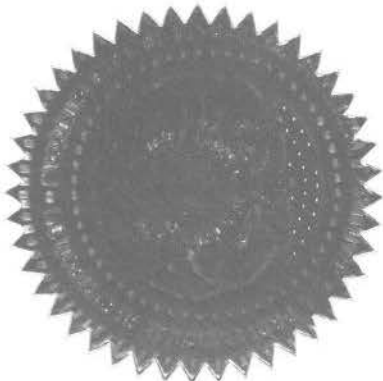
File No. 145788

**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, Michael Forte's license, License Number 8082378 on December 29, 2011.

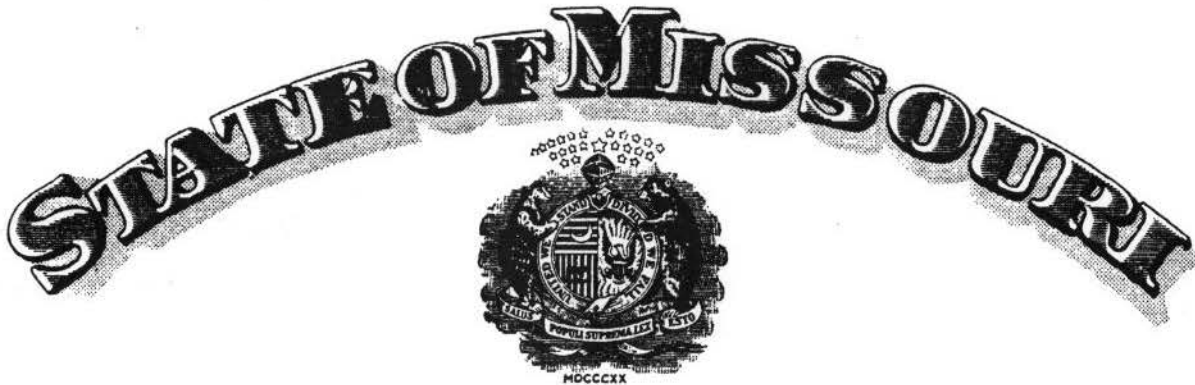
SO ORDERED, SIGNED AND OFFICIAL SEAL AFFIXED

THIS 4TH DAY OF JANUARY, 2012.



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

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, Michael Forte, hereby surrender my insurance producer license, 8082378 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 license is enclosed.

12-28-2011
DATE

Michael Forte
SIGNATURE

Return to:

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

Our Tracking ID 145788

License No: 8082378

State of Missouri
Insurance License

NPN: 16411411

MICHAEL FORTE

LICENSE TYPE

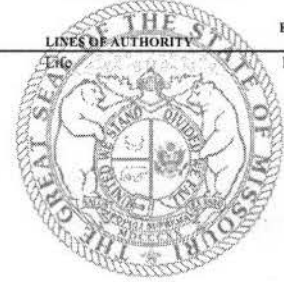
LINES OF AUTHORITY

EFFECTIVE DATE LICENSE EXPIRATION DATE

Producer

Life

10/03/2011 10/03/2013



MICHAEL FORTE
5964 HWY C
CENTRALIA MO 65240

RECEIVED
DEC 29 2011
MO. DEPT OF INSURANCE,
FINANCIAL INSTITUTIONS &
PROFESSIONAL REGISTRATION

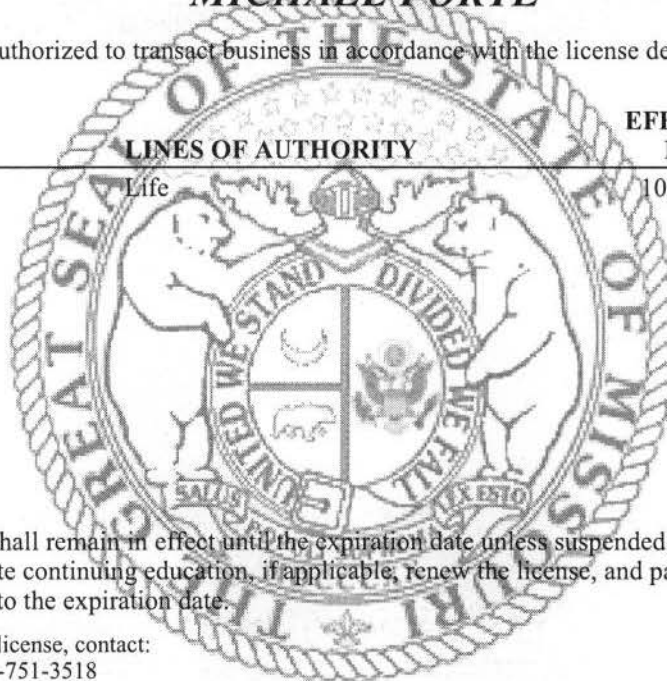
License No: 8082378

State of Missouri
Insurance License
MICHAEL FORTE

NPN: 16411411

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	10/03/2011	10/03/2013



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>