



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

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

In Re: MICHAEL RETTKE) File No. 114437(e)
)
)
)

**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 Rettke, License Number PR 8048897 on October 29, 2010.

SO ORDERED, SIGNED AND OFFICIAL SEAL AFFIXED THIS ¹⁴15 DAY OF
NOVEMBER, 2010.

GOLD SEAL

A handwritten signature in black ink, appearing to read "John M. Huff".

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

STATE OF MISSOURI



RECEIVED
OCT 29 2010
DEPARTMENT OF INSURANCE,
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, Michael Rettke, hereby surrender my producer license, PR8048897 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 producer license is enclosed.

10/27/16

DATE



SIGNATURE

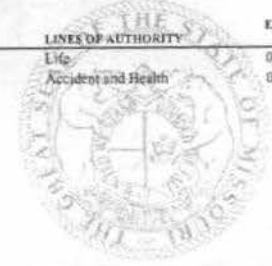
Return to:

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

File #111733

License No: 8048897 State of Missouri
 Insurance License NPN: 4954441
MICHAEL RETTKE

LICENSE TYPE	LINES OF AUTHORITY	EFFECTIVE DATE	LICENSE EXPIRATION DATE
Producer	Life Accident and Health	05/25/2010	05/25/2012



MICHAEL RETTKE
 58 N CEDAR LAKE
 COLUMBIA MO 65203

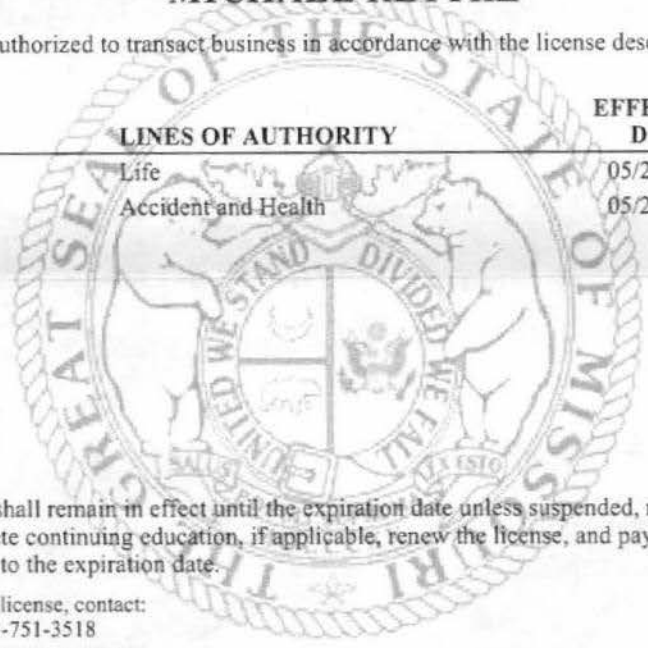
License No: 8048897

**State of Missouri
 Insurance License
 MICHAEL RETTKE**

NPN: 4954441

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	05/25/2010 05/25/2010	05/25/2012



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>