

STATE OF MISSOURI



DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

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

VOLUNTARY LICENSE SURRENDER FORM

I, Christopher Terman, hereby surrender my insurance producer license, #8352042, 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. 2013) the Department may pursue disciplinary action against a surrendered or expired license.

4/29/2017
DATE

Chris Terman
SIGNATURE

Return to:

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