



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

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

VOLUNTARY LICENSE SURRENDER FORM

I, Mark Dean Cates (MO Lic#: 0171011), do hereby agree to surrender my Missouri producer license 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 (NAIC). I also understand no fees paid to the Department will be refunded.

11-9-12
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

Tracking ID#: 171359

