



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

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

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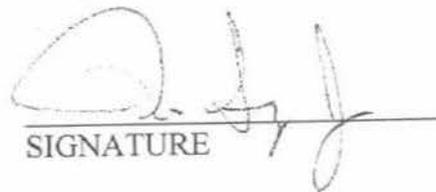
In Re: Ronald J. George, Jr.
PO Box 504
Bolivar, MO 65613

MO. DEPT OF INSURANCE,
FINANCIAL INSTITUTIONS &
PROFESSIONAL REGISTRATION

VOLUNTARY LICENSE SURRENDER FORM

I, Ronald J. George, Jr. hereby surrender my producer license, No. 9003674, 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.

11-30-11
DATE


SIGNATURE

Please return original to:
Jennifer Zagorac
Missouri Department of Insurance
PO Box 4001
Jefferson City, MO 65102

Our File # 142142E

License No: 0385894

State of Missouri
Insurance License

NPN: 9003674

RONALD J. GEORGE JR

LICENSE TYPE
Producer

LINES OF AUTHORITY
Life

EFFECTIVE DATE
12/27/2006

LICENSE EXPIRATION DATE
12/27/2012



RONALD J. GEORGE JR
PO BOX 504
BOLIVAR MO 65613

License No: 0385894

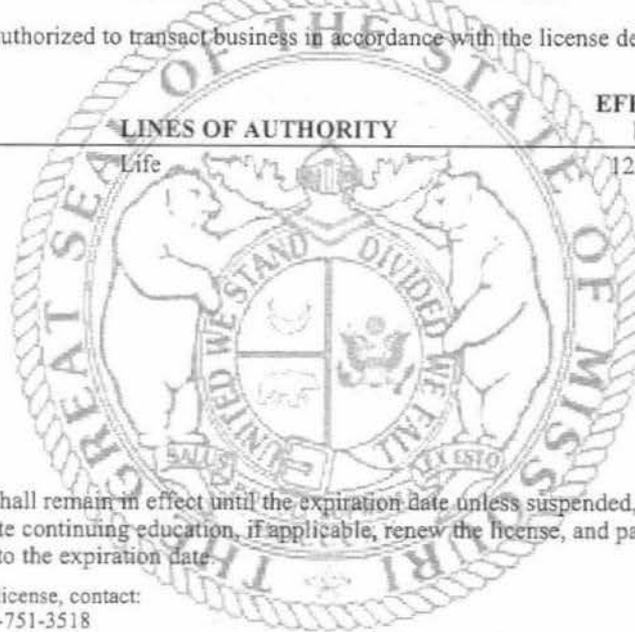
State of Missouri
Insurance License

NPN: 9003674

RONALD J. GEORGE JR

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	12/27/2006	12/27/2012



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>