





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

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

**VOLUNTARY LICENSE SURRENDER FORM**

I, Harry Lynwood Lam, hereby surrender my Missouri producer license (#8057355), 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 further understand that fees paid to the Department will not be refunded. My producer license is enclosed.

Nov. 10, 2011  
DATE

[Handwritten Signature]  
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 #: 142104

License No: 8057355

State of Missouri  
Insurance License  
**HARRY L. LAM**

NPN: 12114876

LICENSE TYPE  
Producer

LINES OF AUTHORITY  
Accident and Health

LICENSE  
EFFECTIVE DATE  
09/30/2010

LICENSE  
EXPIRATION DATE  
09/30/2012



**HARRY L. LAM**  
4989 BANQUET AVENUE  
WEST JORDAN UT 84081

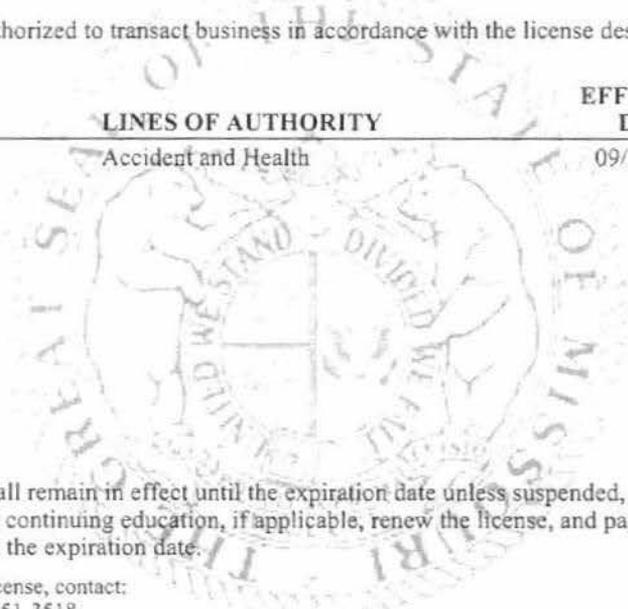
State of Missouri  
Insurance License  
**HARRY L. LAM**

License No: 8057355

NPN: 12114876

Is hereby authorized to transact business in accordance with the license description below:

LICENSE TYPE	LINES OF AUTHORITY	EFFECTIVE DATE	LICENSE EXPIRATION DATE
Producer	Accident and Health	09/30/2010	09/30/2012



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](mailto:licensing@insurance.mo.gov)  
<http://www.insurance.mo.gov>