

RECEIVED

MAY 04 2020

MISSOURI DEPARTMENT OF
COMMERCE AND INSURANCE



DEPARTMENT OF COMMERCE & INSURANCE

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

VOLUNTARY LICENSE SURRENDER FORM

I, Richton Thomas, hereby surrender my insurance producer license, #8330489, to the Missouri Department of Commerce and Insurance ("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 (2016) the Department may pursue disciplinary action against a surrendered or expired license.

04-28-2020
DATE

R.G. Thomas
SIGNATURE

Return to:

Karen Crutchfield, Special Investigator
Department of Commerce and Insurance
P.O. Box 690
Jefferson City, MO 65102