



DEPARTMENT OF INSURANCE, FINANCIAL  
INSTITUTIONS AND PROFESSIONAL REGISTRATION

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

**VOLUNTARY LICENSE SURRENDER FORM**

I, Odessa Way Rollins, hereby surrender my insurance producer license, 0419094, 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 license is enclosed.

4/19/12  
DATE

Odessa Rollins  
SIGNATURE

Return to:

Sheri D. Sloan  
Department of Insurance, Financial  
Institutions and Professional Registration  
P. O. Box 690  
Jefferson City, MO 65102

Our Tracking ID 160600

License No: 0419094

State of Missouri  
Insurance License  
**ODESSA W. ROLLINS**

NPN: 482728

LICENSE TYPE  
Producer

LINES OF AUTHORITY  
Life  
Accident and Health

EFFECTIVE DATE  
06/13/2008

LICENSE EXPIRATION DATE  
06/13/2012



**ODESSA W. ROLLINS**  
4422 DUNWOODY PLACE  
ORLANDO FL 32808

State of Missouri  
Insurance License

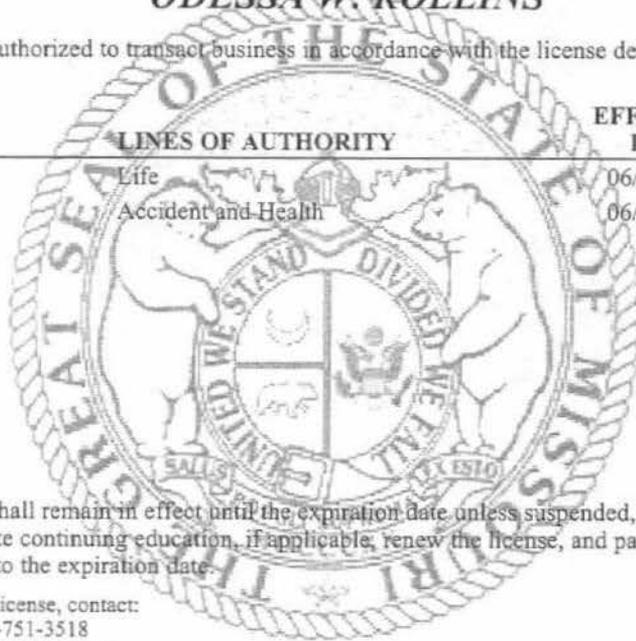
License No: 0419094

NPN: 482728

**ODESSA W. ROLLINS**

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 Accident and Health	06/13/2008 06/13/2008	06/13/2012



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>

