

# STATE OF MISSOURI



RECEIVED

APR 25 2017

INSURANCE  
FINANCIAL INSTITUTIONS &  
PROFESSIONAL REGISTRATION

## DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

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

### VOLUNTARY LICENSE SURRENDER FORM

I, Stephanie Kemp, hereby surrender my insurance producer license, #0191795, 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 and that all fees paid to the Department will not be refunded. I also understand that pursuant to Section 375.141.4, RSMo (Supp. 2013) the Department may pursue disciplinary action against a surrendered or expired license.

4-20-17  
DATE

Stephanie Kemp  
SIGNATURE

Return to:

Dennis Fitzpatrick, Special Investigator  
Department of Insurance, Financial  
Institutions and Professional Registration  
P. O. Box 690  
Jefferson City, MO 65102