





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

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

**VOLUNTARY LICENSE SURRENDER FORM**

I, Grian La. He, hereby surrender my insurance producer license, # 803 7529, 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. 2012) the Department may pursue disciplinary action against a surrendered or expired license. My original insurance producer license is enclosed.

12/26/12

DATE

[Signature]  
SIGNATURE

Return to:

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

**RECEIVED**

DEC 31 2012

MO. DEPT OF INSURANCE,  
FINANCIAL INSTITUTIONS &  
PROFESSIONAL REGISTRATION