



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

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

VOLUNTARY LICENSE SURRENDER FORM

I, Lindsey Weathers, hereby surrender my producer license, PR0431817, 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 producer license is enclosed.

10.9.12

DATE

[Handwritten Signature]

SIGNATURE

Return to:

Lynda Kammeier
Department of Insurance, Financial
Institutions and Professional Registration
P. O. Box 690
Jefferson City, MO 65102

Our File # 171608c

License No: 0431817 State of Missouri Insurance License NPN: 8094851
LINDSEY B. WEATHERS

LICENSE TYPE	LINES OF AUTHORITY	EFFECTIVE DATE	LICENSE EXPIRATION DATE
Producer	Life Accident and Health	01/05/2009	01/05/2013
		01/05/2009	



LINDSEY B. WEATHERS
 823 E NORTHVIEW ST
 OLATHE KS 66061-0000

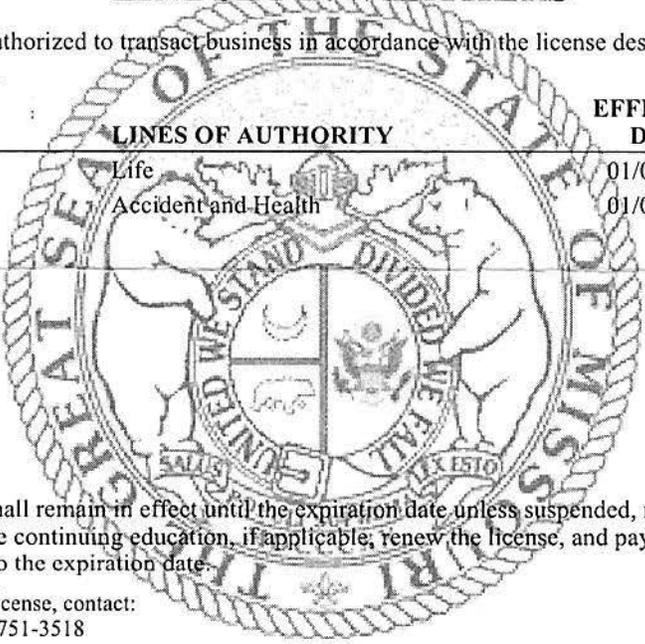
State of Missouri
 Insurance License

License No: 0431817 NPN: 8094851

LINDSEY B. WEATHERS

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

LICENSE TYPE	LINES OF AUTHORITY	EFFECTIVE DATE	LICENSE EXPIRATION DATE
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		01/05/2009	



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
<http://www.insurance.mo.gov>