



**NC DEPARTMENT of INSURANCE**  
**MIKE CAUSEY, COMMISSIONER**

RECEIVED IN AGENT SERVICES  
AGENT SERVICES  
A.S. N.C. DOI  
Tel 919.807.6800 Fax 919.715.3794  
JUL 2 2020  
CHECK NO. \_\_\_\_\_  
CHECK AMT. \_\_\_\_\_  
PROCESSOR \_\_\_\_\_

VOLUNTARY SURRENDER OF LICENSE OR LICENSES  
(N.C.G.S. §58-2-65)

I, **Clifton Altman (NPN 6557755)**, hereby voluntarily surrender all licenses issued to me by the North Carolina Department of Insurance (NCDI) for a period of **5 years** from today's date. I understand and acknowledge that effective immediately, I can no longer perform any activities for which a license from NCDI is required.

I understand and agree that I may not request relicensure (for any license) from NCDI during the above-stated period of license surrender. I also understand that submitting an application for relicensure does not guarantee reissuance of license(s) surrendered.

I understand my right to an administrative hearing and to judicial review after such a hearing, and I hereby voluntarily give up those rights.

I understand that this Voluntary Surrender is equivalent to the taking of regulatory action by NCDI. I also understand that this Voluntary Surrender will be a public record and is not confidential. NCDI is free to disclose this Voluntary Surrender to third parties upon request or pursuant to any law or policy providing for such disclosure.

I acknowledge that I have had the opportunity to consult with an attorney prior to execution of this Voluntary Surrender.

This 29<sup>th</sup> day of June, 2020.

[Redacted Signature]

Signature

*Clifton G. Altman*

Print Name

Sworn to and subscribed before me

This 29<sup>th</sup> day of June, 2020

[Redacted Notary Name]

Notary Public

My Commission expires: 11-6-22

