

RECEIVED ASD

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AGENT SERVICES
DIVISION

January 11, 2009

Department of Insurance

To whom it may concern:

In lieu of the hearing on Feb. 9th I, Misty Clark, would like to voluntarily surrender all licenses held for the purpose of Insurance. I have attached my licenses to this document.

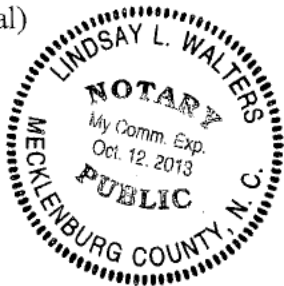
[Redacted signature area]

Misty Clark

Sworn to (or affirmed) and subscribed before me this the 13th day of Jan., 2009.

[Redacted signature area]

(Official Seal)



Official Signature of Notary

Lindsay L. Walters Notary Public
Notary's printed name or typed name

My commission expires: 10/12/2013

YOU MUST NOTIFY THE DEPARTMENT OF INSURANCE, IN WRITING,
WITHIN (30) DAYS OF ANY NAME OR ADDRESS CHANGE.

N.C. Department of Insurance
Agent Services Division
P.O. Box 26267
Raleigh, N.C. 27611
Telephone # (919) 733-7487



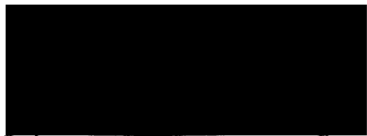
NORTH CAROLINA DEPARTMENT OF INSURANCE

MISTY A. CLARK

Who has fulfilled all of the conditions of eligibility imposed by the General Statutes of North Carolina is hereby licensed by this state and granted the privilege to act within the authority of this license. It shall be valid until cancelled, surrendered or revoked.

Life and Health Agent

January 26, 1999



Commissioner of Insurance

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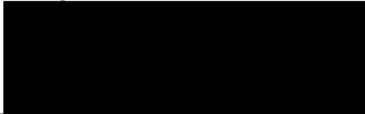
NORTH CAROLINA DEPARTMENT OF INSURANCE

MISTY A. CLARK

Who has fulfilled all of the conditions of eligibility imposed by the General Statutes of North Carolina is hereby licensed by this state and granted the privilege to act within the authority of this license. It shall be valid until cancelled, surrendered or revoked.

Property and Liability Agent

June 4, 1999



Commissioner of Insurance