



AGENT SERVICES

Tel 919.807.6800 Fax 919.715.3794

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

I, Beth Gifford, NPN 19177673, hereby voluntarily surrender all licenses issued to me by the North Carolina Department of Insurance (NCDI) for a period of 2 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 9 day of Aug, 2021.

[Redacted Signature]

Signature
Beth Ann Gifford (print name)

Sworn to and subscribed before me

This 9 day of Aug, 2021.

LAUREL CADDELL
NOTARY PUBLIC
Buncombe County
North Carolina
My Commission Expires Mar. 14, 2026

[Redacted Notary Signature]

Notary Public

My Commission expires: Mar 14, 2026

RECEIVED
AUG - 9 2021
AGENT SERVICES DIVISION
N.C. DEPT. OF INSURANCE