

**AGENT SERVICES**

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

I, Graham Ins Group (West, Inc) (NPN 10443493) 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 26<sup>th</sup> day of August, 2016.

[Redacted Signature]

Signature

Michael G. Skinner (print name)

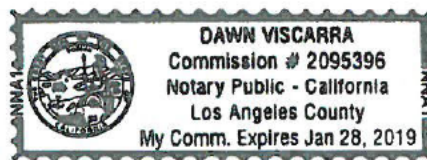
Sworn to and subscribed before me

This 26<sup>th</sup> day of August, 2016  
(DV)

[Redacted Notary Name]

DAWN VISCARRA

Notary Public



My Commission expires: JANUARY 28, 2019

See attached certificate...

**CALIFORNIA JURAT WITH AFFIANT STATEMENT**

**GOVERNMENT CODE § 8202**

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

~~\_\_\_\_\_  
Signature of Document Signer No. 1~~

~~\_\_\_\_\_  
Signature of Document Signer No. 2 (if any)~~

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of LOS Angeles

Subscribed and sworn to (or affirmed) before me  
on this 26<sup>th</sup> day of August, 2016,  
by Michael Skinner  
Date Month Year

(1) Michael Skinner  
(and (2) \_\_\_\_\_),  
Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence  
to be the person(s) who appeared before me.

Signature \_\_\_\_\_  
Signature of Notary Public  
-DAWN VISCARRA

Seal  
Place Notary Seal Above

**OPTIONAL**

~~Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.~~

~~Description of Attached Document \_\_\_\_\_~~  
 Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_  
 Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_