

AGENT SERVICES

ADDRESS ACKNOWLEDGEMENT FORM

LICENSEES NAME Kenneth Kelly

NATIONAL PRODUCER NUMBER 6575170

RECEIVED ASD

APR 14 2009

Agent Services
Division

Please print your current addresses, as they should appear in our license database. Indicate the date you moved or changed mailing address.

RESIDENCE ADDRESS: _____

DATE MOVED: _____

BUSINESS ADDRESS: _____

DATE MOVED: Haven't

Please check the paragraph that applies in the section below.

I am in violation of N.C.G.S. § 58-2-69(b) for failing to notify the Commissioner within 10 business days after the effective date of the change of residential address and voluntarily consent to an administrative fee of \$50.00 (Check or money order for \$50.00 made payable to the NC Department of Insurance should be included with this form).

I do not believe I am in violation of N.C.G.S. § 58-2-69(b) and have attached copies of attempts to update my address of record with the North Carolina Department of Insurance, evidence of the date of my relocation, and other relevant documents.

I no longer want to hold a license(s) in the state of North Carolina and have enclosed my license(s) to be voluntarily surrendered.

SIGNATURE [Redacted] DATE 4/8/09

HOME PHONE: (252) 239-0401

BUSINE PHONE: () -

CELL PHONE: () -

EMAIL ADDRESS: _____@_____ (Please print email address)

NORTH CAROLINA DEPARTMENT OF INSURANCE

KENNETH GENE KELLY

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 & LIABILITY INSURANCE AGENT



Commissioner of Insurance

FEBRUARY 01, 1988

NC NOTICE OF CANCELLATION
AGENT MUST BE NOTIFIED

NC DEPARTMENT OF INSURANCE
VALID UNTIL CANCELLED, SURRENDERED OR REVOKED

KENNETH GENE KELLY

IS AUTHORIZED TO ACT AS
AGENT

ID NO. [REDACTED] RES. R
CO. NO. 0004 LIC. TYPE 11-L
CO. OFFICIAL'S SIGNATURE _____

PROPERTY & LIAB
FEBRUARY 01, 1988



COMMISSIONER OF INSURANCE

KENNETH GENE KELLY
ROUTE 2, BOX 67
LUCAMA NC 27851