



North Carolina DEPARTMENT OF INSURANCE

Wayne Goodwin | Commissioner of Insurance

AGENT SERVICES

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

I, Robert P. Williams (NPN 6616162) hereby voluntarily surrender all licenses issued to me by the North Carolina Department of Insurance (NCDOI) 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 NCDOI is required.

I understand and agree that I may not request relicensure (for any license) from NCDOI 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 NCDOI. I also understand that this Voluntary Surrender will be a public record and is not confidential. NCDOI 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 24th day of Nov, 2014



Signature

Robert P. Williams

(print name)

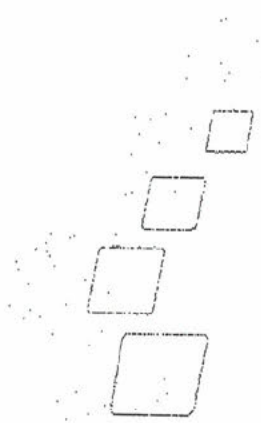
Sworn to and subscribed before me

This 24th day of November, 2014



Notary Public

My commission expires July 4, 2018



My Commission expires: _____