NC DEPARTMENT OF INSURANCE
MIKE CAUSEY • COMMISSIONER

AGENT SERV
Tel 919.807.6800 Fax 919.715

I, **Leigh Ann Carter NPN 21144283,** hereby voluntarily surrender all licenses issued to me by the North Carolina Department of Insurance (NCDOI) **for a period of three(3) 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 _____ day of _____, 202__.

[redacted]
Signature

Leigh Ann Carter (print name)

Sworn to and subscribed before me

This _____ day of _____, 202_.

_____
Notary Public

RECEIVED
JUL 15 2026
AGENT SERVICES DIVISION
N.C. DEPT. OF INSURANCE