



**NC DEPARTMENT**  
**of INSURANCE**  
**MIKE CAUSEY, COMMISSIONER**

AGENT SERVICES

Tel 919.807.6800 Fax 919.715.3794

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

I, **Maxwell Chinnah (NPN 19648327)**, hereby voluntarily surrender all licenses issued to me by the North Carolina Department of Insurance (NCDI) **for a period of 4 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 14 day of 02, 2025.

[Redacted Signature]

Signature

MAXWELL CHINNAH

Print Name

Sworn to and subscribed before me

This 14 day of February, 2025

[Redacted Notary Signature]

Notary Public

My Commission expires: June 24, 2025

