



**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, **Jeffrey Dinter (NPN 17511436)**, hereby voluntarily surrender all licenses issued to me by the North Carolina Department of Insurance (NCDI) for a period of 2 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 day of Nov, 2025

Signature

Print Name

Sworn to and subscribed before me

This _____ day of _____, 2025

Notary Public

My Commission expires: _____

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 San Diego
Subscribed and sworn to (or affirmed) before me on this 26th day of November,
2025 by: Jeffrey Dinter

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

(Signature of Notary)

