

AGENT SERVICES

1. <u>Ci-PIN-Hu</u>

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

licenses issued to me by the North Carolina Department of Insurance (NCDOI) for a period of

(NPN 16845764) hereby voluntarily surrender all

| years from today's date. I understand and acknowledge that effective immedia can no longer perform any activities for which a license from NCDOI is required. | iod of tely, I |
|--|-------------------|
| I understand and agree that I may not request relicensure (for any license) from NCDOI of the above-stated period of license surrender. I also understand that submitting an applic for relicensure does not guarantee reissuance of license(s) surrendered. | during cation |
| I understand my right to an administrative hearing and to judicial review after such a he and I hereby voluntarily give up those rights. | aring, |
| I understand that this Voluntary Surrender is equivalent to the taking of regulatory action NCDOI. I also understand that this Voluntary Surrender will be a public record and it confidential. NCDOI is free to disclose this Voluntary Surrender to third parties upon requestion 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 executi this Voluntary Surrender. | on of |
| This 12 day of Nov. 2014. | |
| Signature | |
| LI-PIN HU (print name) | |
| Sworn to and subscribed before me | |
| This Diday of November 201 4 | |
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| · | |
| Notary Public NOTARY PUBLIC STATE OF NEW JERSEY | |
| My Commission expires MY COMMISSION EXPIRES MAY 11, 2016 | / · · / |