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, **Rafael Matos-Guasp (NPN 20401196),** hereby voluntarily surrender all licenses issued to me by the North Carolina Department of Insurance (NCDOI) **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 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 eugust day of 12, 2026.

[redacted]
Signature

Rafael Matos
Print Name

Sworn to and subscribed before me

This ____ day of AUG 12 2026, 202_.

[redacted]
Notary Public

MONICA MARIA TRUJILLO
NOTARY PUBLIC
MY COMMISSION EXPIRES 3-12-2028
STATE OF FLORIDA
COMMISSION NUMBER HH 503113

My Commission expires: 03/12/2028