



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

AGENT SERVICES

Tel 919.807.6800 Fax 866.565.7854



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

I, Vanessa Saleem Ramroop NPN 18454782, hereby voluntarily surrender licenses issued to me by the North Carolina Department of Insurance (NCDI) for a period of two (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.

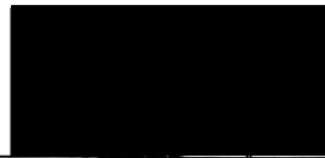
I understand and agree that I may not request relicensure (for any license) from NCDI during the above-stated period of license surrender. I also understand that submitting an application for relicensure does not guarantee reissuance of license(s) surrendered.

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 25 day of 09, 2026.



Signature

Vanessa Saleem Ramroop (print name)

Sworn to and subscribed before me

This ____ day of _____, 202__.



Notary Public

My Commission expires: _____

Acknowledgement by Individual



State of Florida

County of **OSCEOLA**

The foregoing instrument was acknowledged before me this **25TH** day of **SEPTEMBER**, 20 **26**, by means of ☒ physical presence or ☐ online notarization
VANNESSA SALEEM RAMROOP (name of person acknowledging).

☐ Personally known to me

☒ Produced Identification

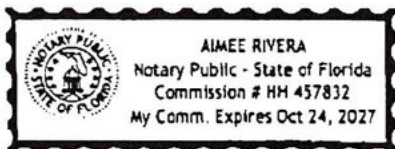
Type of Identification Produced **FLORIDA DRIVER LICENSE**

Notary Signature

Notary name (typed or printed) **AIMEE RIVERA**

Title (e.g., Notary Public) **NOTARY PUBLIC**

Place Seal Here



For Bank Purposes Only

To be completed by banker if the document being notarized is retained by Wells Fargo.

Description of Attached Document

Type or Title of Document

VOLUNTARY SURRENDER OF LICENSE OR LICENSES

Document Date

09/25/2026

Number of Pages

1

Signer(s) Other Than Named Above

Account Number (if applicable)