



**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, Cody Alan Seibold NPN 17178101, hereby voluntarily surrender licenses issued to me by the North Carolina Department of Insurance (NCDOI) for a period of four (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 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 15 day of SEPT, 2026.

Signature

CODY SEIBOLD (print name)

Sworn to and subscribed before me

This 15th day of September, 2026

Notary Public

My Commission expires: March 24, 2030

