NORTH CAROLINA DEPARTMENT OF INSURANCE

URYSTAL TALE

Who has fulfilled all of the conditions of eligibility imposed by the General Statutes of North Carolina is hereby licensed by this state and granted the privilege to act within the authority of this license. It shall be valid until cancelled, surrendered or revoked.

LIFE & HEALIH INSURANCE AGENT

JANUARY 20, 2006

Commissioner of Insurance

NC NOTICE OF CANCELLATION

AGENT MUST BE NOTIFIED

ID NO.

4118

CO. NO.

CO. OFFICIAL'S SIGNATURE _

RES. R

LIC. TYPE ()1-L.

CRYSTAL TATE 1581 HARKIS HULLY SPRINGS RD RUTHERFORDTON, NC 28139

NORTH CAROLINA DEPARTMENT OF INSURANCE

CRYSTAL TAIL

Who has fulfilled all of the conditions of eligibility imposed by the General Statutes of North Carolina is hereby licensed by this state and granted the privilege to act within the authority of this license. It shall be valid until cancelled, surrendered or revoked.

MEDICARE SUPPLEMENT/LONG TERM CARE AGENT

FEBRUARY 06, 2006

Commissioner of Insurance

NC NOTICE OF CANCELLATION

AGENT MUST BE NOTIFIED

ID NO.

4116

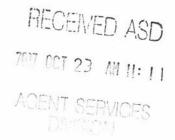
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LIC. TYPE

CO, OFFICIAL'S SIGNATURE _____

CRYSTAL TATE 1581 HARRIS MULLY SPRINGS RD RUTHERFORDION, NC 28139



Voluntary Surrender of Insurance Agent's License(s)

I, <u>Crystal Tate</u> , hereby voluntarily and permanently surrender my North Carolina <u>Life & Health and Medicare Supplement / Long Term Care</u> insurance agent's license(s) due to submitting ten (14) bogus insurance applications. I understand and acknowledge that effective
immediately, I can no longer act as an insurance agent in North Carolina, in any manner.
I understand that I have a right to an administrative hearing. In lieu of a hearing, I voluntarily surrender my license. The license is being surrendered without duress and with knowledge of due process.
Surrendered this the 19 day of October, 2007.
Crystal Tate

Sworn to and subscribed before me

this the 1954 day of OCTOBER, 2007

[Signature]

Notary Public (printed name)

My commission expires: 66.29.2010

