

AGENT SERVICES
Tes 919 807 6800 - Fax 919 715 8794

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

I, Justin Thomas, (NPN 19756998) hereby voluntarily surrender all licenses issued to me by the North Carolina Department of Insurance (NCDOI) for a period of 5 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 <u>06</u> day of <u>30</u> , 202 <u>7</u> . | / Signature | |
|--|---------------|--------------|
| | Justin Thomas | (print name) |
| Sworn to and subscribed before me | | |
| This day of, 202 | | |
| Notary Public My Commission expires: | | |