

DEPARTMENT OF INSURANCE

State of North Carolina

1204 MAIL SERVICE CENTER RALEIGH, NC 27699-1204

JIM LONG
COMMISSIONER OF INSURANCE

PUBLIC SERVICES GROUP AGENT SERVICES DIVISION (919) 807-6800

Voluntary Surrender of Insurance Agents' License

I, Salvatore M. Toscano, hereby voluntarily and permanently surrender my North Carolina Producer; Medicare Supplement Long-Term Care and Viatical Settlement Broker insurance agent's license(s) due to allegations that I am in violation of one or more of the following: N.C.G.S. 53-33-46(a)(2); N.C.G.S. 53-33-46(a)(5); N.C.G.S. 53-33-46(a)(8). 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 an Administrative Hearing, I voluntarily surrender my license. The license is being surrendered without duress and with knowledge of due process.

Surrendered this the 16 th day of Janavary	, 2009.
	Salvatore M. Toscano

Swom to and subscribed before me

Notary Public, w/seal.

MOTAPA MAY COUNTY AND COUNTY AND

North Carolina License No: 2354376 License NPN: 2354376 SALVATORE M TOSCANO LOA EFFECTIVE LICENSE FIRST ACTIVE DATE LICENSE TYPE LINES OF AUTHORITY DATE Medicare Supplement Long-Term Care 09/12/1992 Producer Life 02/03/1990 02/03/1990 Health 02/03/1990 Viatical Settlement Broker 04/02/2008

SALVATORE M TOSCANO 4917 SANDERSON LANE CHARLOTTE NC 28226

This license shall remain in effect until the expiration date unless cancelled, surrendered or revoked. Individuals who are licensed as Insurance Producers and/or Bail Bond licensees must complete continuing education and pay all applicable renewal fees as required by North Carolina administrative code prior to the expiration date.

North Carolina

License No: 2354376

License

NPN: 2354376

SALVATORE M TOSCANO

Who has fulfilled all of the conditions of eligibility imposed by the General Statutes of North Carolina and is hereby licensed by this State (in the capacity stated below) and granted the privilege to act with the authority of this license. It shall be valid until cancelled, surrendered or revoked.

LICENSE TYPE		LINES	OF AUTHORITY	LOA EFFECTIVE DATE	LICENSE FIRST ACTIVE DATE
Medicare Supplement Lo	ng-Term Care			И	09/12/1992
Producer		Life	The state of the s	02/03/1990	02/03/1990
	N I W	Health	I I STORAGE	02/03/1990	
Viatical Settlement Broke			「一人不完整」)	J III	04/02/2008
	W. In		L-290009 /	* 13	

For questions regarding a license please contact the North Carolina Department of Insurance at: 919-807-6800

