



COMMONWEALTH OF MASSACHUSETTS

Office of Consumer Affairs and Business Regulation

DIVISION OF INSURANCE

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ACTING COMMISSIONER OF INSURANCE

VOLUNTARY SURRENDER OF LICENSE OR LICENSES

I, Jason A'Alona, (NPN 16704410) hereby voluntarily surrender all licenses issued to me by the Massachusetts Division of Insurance ("Division"). I understand and acknowledge that effective immediately, I can no longer perform any activities for which a license from the Division is required.


I understand and agree that I may not request relicensure (for any license) from the Division until all requirements for licensure are met. 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 I hereby voluntarily give up those rights.

I understand that this Voluntary Surrender is equivalent to the taking of regulatory action by the Division. I also understand that this Voluntary Surrender will be a public record and is not confidential. The Division 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 18 day of June, 2017.



Signature

Jason Aalona

Printed Name

16704410

National Producer Number