

F DARRELL LINDSEY
 P O BOX 526357
 SALT LAKE CITY UT 84152-6357

State Of Illinois
 Insurance License
F DARRELL LINDSEY

License No: 16248 NPN: 16248

This is to certify that pursuant to requirements of the Illinois Insurance code the above individual is licensed to do business in the state of Illinois with the following authority:

LICENSE TYPE	LINES OF AUTHORITY	LOA EFFECTIVE DATE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE
PRODUCER	Health	05/07/1986	06/01/2017	05/31/2019
	Fire	05/07/1986		
	Casualty	05/07/1986		
	Life	05/07/1986		

Jennifer Hammer
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 Director Illinois Dept. of Insurance

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This insurance license shall remain in effect until the expiration date unless suspended, revoked or denied. If required, the licensee must complete continuing education, renew the license and pay all applicable renewal fees as required by Illinois administrative code prior to the expiration date.

Jennifer Hammer
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 Director Illinois Dept. of Insurance

For questions regarding a license, contact the Illinois Department of Insurance at DOI.licensing@illinois.gov