



State of New Jersey

Department of Banking and Insurance
20 West State Street
Trenton, NJ 08625-0327

LICENSE NUMBER
8038366

THIS CERTIFIES THAT **F D. LINDSEY**


AT BUSINESS ADDRESS 7417 LOST CANYON CIRCLE
SALT LAKE CITY, UT 84121

This insurance license is valid and shall remain in effect unless revoked or suspended provided that the fee set forth in N.J.A.C. 11:17-2.12 is paid and renewal requirements set forth in N.J.A.C. 11:17-2.5, including continuing education requirements for resident individuals, are met by the license expiration date. A renewal notice will be mailed to the licensee mailing address approximately 30 days prior to the license expiration date.

IS DULY LICENSED WITH THE FOLLOWING LICENSE TYPE(S) AND AUTHORITIES

LICENSE TYPE	LINES OF AUTHORITY	EFFECTIVE DATE	EXPIRATION DATE
PRODUCER	LIFE INSURANCE; ACCIDENT, HEALTH OR SICKNESS; PROPERTY; CASUALTY; SURPLUS LINES INSURANCE	06/01/2016	05/31/2018

printed: 09/08/2016


Commissioner of Banking and Insurance

The Department maintains an informative website at www.dobi.nj.gov. Please visit this web page for valuable information and forms necessary to maintain compliance with licensing requirements.

Department Contact Information
web site: www.dobi.nj.gov
phone: (609) 292-4337
fax: (609) 984-5263

The request for any change of license information must be sent to the Department within 30 days of the change.

Make any checks and/or money orders payable to: **STATE OF NEW JERSEY, GENERAL TREASURY**

Mailing Address: Department of Banking and Insurance
20 West State Street
P.O. Box 327
Trenton, NJ. 08625-0327