

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

State of Oklahoma

License No: 179854 Insurance Department NPN: 16248

F. DARRELL LINDSEY

This is to certify that the above named individual is properly licensed in the State of Oklahoma in accordance with the provisions of the Oklahoma Insurance code, and has

LICENSE CLASS	FIRST ACTIVE DATE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE	LINES OF AUTHORITY	LOA EFFECTIVE DATE
Insurance Producer	01/01/1979	06/01/2021	05/31/2023	Casualty Property Accident & Health or Sickness Life	01/01/1979 01/01/1979 01/01/1979 01/01/1979

In testimony Whereof, I have affixed my signature as Insurance Commissioner in the State of Oklahoma to this Certificate and caused these letters to be made Patent.

Glen Mulready
Glen Mulready
Insurance Commissioner
State of Oklahoma Insurance

This license shall continue in force until suspended, revoked or terminated.

State of Oklahoma

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LICENSE CLASS	FIRST ACTIVE DATE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE	LINES OF AUTHORITY	LOA EFFECTIVE DATE
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