
ELITE GROUP
INSURANCE BROKER

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

ARGELIA COROMOTO HERNANDEZ GONZALEZ

License Number : W578150

Resident Insurance License

- 0215 - LIFE INCL VAR ANNUITY & HEALTH

Issue Date

07/09/2019

Jimmy Patronis
Chief Financial Officer
State of Florida

Please Note: A licensee may only transact insurance with an active appointment by an eligible insurer or employer. If you are acting as a surplus lines agent, public adjuster, or reinsurance intermediary manager/broker, you should have an appointment recorded in your own name on file with the Department. If you are unsure of your license status you should contact the Florida Department of Financial Services immediately. This license will expire if more than 48 months elapse without an appointment for each class of insurance listed. If such expiration occurs, the individual will be required to re-qualify as a first-time applicant. If this license was obtained by passing a licensure examination offered by the Florida Department of Financial Services, the licensee is required to comply with continuing education requirements contained in 626.2815 or 648.385, Florida Statutes. A licensee may track their continuing education requirements completed or needed in their MyProfile account at https://dice.fldfs.com. To validate the accuracy of this license you may review the individual license record under "Licensee Search" on the Florida Department of Financial Services website at www.myfloridacfo.com/division/agents.

ARGELIA COROMOTO HERNANDEZ GONZALEZ
35553 SHADE FERN LINE
ZEPHYRHILLS FL 33541

STATE OF ALABAMA

License No: 3003205064 DEPARTMENT OF INSURANCE NPN: 19221320

ARGELIA COROMOTO HERNANDEZ GONZALEZ

LICENSE TYPE	LINES OF AUTHORITY	LOA EFFECTIVE DATE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE
Insurance Producer	Accident & Health or Life	07/29/2024 07/29/2024	07/29/2024	06/30/2025

has fulfilled all of the conditions of eligibility imposed by the State of Alabama, Title 27, Code of Alabama and is hereby licensed/registered by this state, in the capacity stated above, and granted the privilege to act with the authority of this license. This license shall remain in effect until the expiration date unless cancelled, surrendered or revoked. Individual licensees must complete continuing education and pay all applicable renewal fees as required by Alabama administrative code prior to the expiration date.

For questions regarding a license, contact the Alabama Department of Insurance 334-269-3550 or E-mail:producerlicensing@insurance.alabama.gov

Commissioner's Signature

STATE OF ALABAMA

License No: 3003205064 DEPARTMENT OF INSURANCE NPN: 19221320

ARGELIA COROMOTO HERNANDEZ GONZALEZ

LICENSE TYPE	LINES OF AUTHORITY	LOA EFFECTIVE DATE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE
Insurance Producer	Accident & Health or Sickness	07/29/2024	07/29/2024	06/30/2025
	Life	07/29/2024		

has fulfilled all of the conditions of eligibility imposed by the State of Alabama, Title 27, Code of Alabama and is hereby licensed/registered by this state, in the capacity stated above, and granted the privilege to act with the authority of this license. This license shall remain in effect until the expiration date unless cancelled, surrendered or revoked. Individual licensees must complete continuing education and pay all applicable renewal fees as required by Alabama administrative code prior to the expiration date.

For questions regarding a license, contact the Alabama Department of Insurance 334-269-3550 or E-mail:producerlicensing@insurance.alabama.gov

Commissioner's Signature

ARGELIA COROMOTO HERNANDEZ GONZALEZ
35553 SHADE FERN LINE
ZEPHYRHILLS FL 33541

ARIZONA INSURANCE LICENSE

License No: 19221320

ARGELIA COROMOTO HERNANDEZ GONZALEZ

35553 SHADE FERN LINE
ZEPHYRHILLS FL 33541

NON-RESIDENT

As of July 24, 2024

LICENSE CLASS	FIRST ACTIVE DATE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE	LINES OF AUTHORITY	LOA EFFECTIVE DATE
Insurance Producer	07/20/2024	07/20/2024	06/30/2028	Accident and Health or Sickness	07/20/2024
				Life	07/20/2024

APPOINTMENT DATA IS NOT COLLECTED, TRACKED OR MAINTAINED IN ARIZONA.

Arizona Department of Insurance and Financial Institutions
100 N 15th Ave, Suite 261
Phoenix, AZ 85007-2630

Insurance Producer

Qualification Effective Dates

Accident & Health or Sickness 09/12/2024 Life 09/12/2024

ARGELIA COROMOTO HERNANDEZ GONZALEZ

NPN: 19221320

35553 SHADE FERN LINE
ZEPHYRHILLS, FL 33541

is authorized to transact business as described above

License No: 4409361 Issue Date: 09/12/2024 Expiration Date: 09/30/2026

Generated by Sircon 329263362

California Department of Insurance
THIS IS TO CERTIFY THAT

ARGELIA COROMOTO HERNANDEZ GONZALEZ
35553 SHADE FERN LINE
ZEPHYRHILLS, FL 33541

LICENSE NUMBER: 4409361 NPN: 19221320

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:

Insurance Producer
Accident & Health or Sickness, Life

Issue Date: 09/12/2024 Expiration Date: 09/30/2026

Generated by Sircon 329263362

COLORADO
Department of Regulatory Agencies
Division of Insurance

Productor no residente

Fechas de vigencia de la calificación

Accidente y Salud 05/04/2024 Vida 05/04/2024

ARGELIA COROMOTO HERNÁNDEZ GONZÁLEZ

PNP: 19221320

ZEPHYRHILLS, Florida, EE.UU.

está autorizado a realizar transacciones comerciales como se describe anteriormente

Número de licencia: 837990 Fecha de emisión: 05/04/2024 Fecha de vencimiento: 30/06/2025

Generado por Sircon 318226348

Colorado
Division of Insurance

ESTO ES PARA CERTIFICAR QUE

ARGELIA COROMOTO HERNÁNDEZ GONZÁLEZ

ZEPHYRHILLS, Florida, EE.UU.

NÚMERO DE LICENCIA: 837990 PNP: 19221320

POR EL PRESENTE ESTÁ AUTORIZADO A REALIZAR NEGOCIOS DE ACUERDO CON LA DESCRIPCIÓN DE LA LICENCIA QUE SE MUESTRA A CONTINUACIÓN:

Productor no residente

Accidente y Salud , Vida

Fecha de emisión: 05/04/2024

Generado por Sircon 318226348

Fecha de Vencimiento: 30/06/2025

Non-Resident Agent

Agent - Accident & Sickness
Agent - Life

ARGELIA COROMOTO HERNANDEZ GONZALEZ

is authorized to transact business as described above

License No: 3678432 Effective Date: 01-12-2024 Expiration Date: 06-30-2026

Georgia Department of Insurance

THIS IS TO CERTIFY THAT

ARGELIA COROMOTO HERNANDEZ GONZALEZ

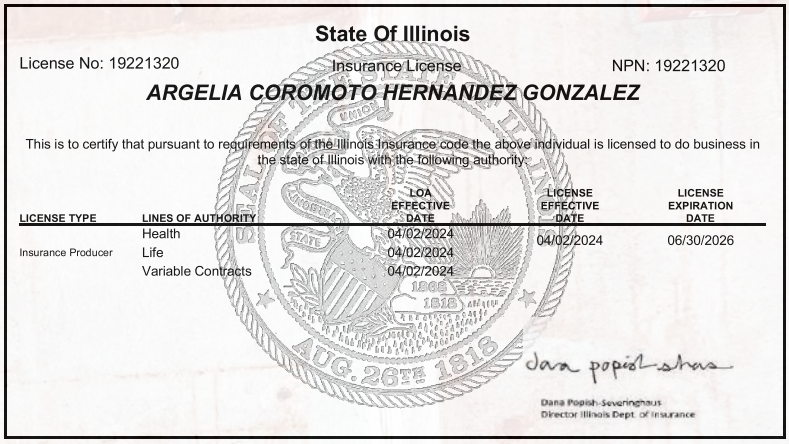
LICENSE NUMBER: 3678432

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:

Non-Resident Agent
Agent - Accident & Sickness
Agent - Life

Effective Date: 01-12-2024 Expiration Date: 06-30-2026

ARGELIA COROMOTO HERNANDEZ GONZALEZ
35553 SHADE FERN LINE
ZEPHYRHILLS FL 33541



State Of Illinois

License No: 19221320 Insurance License NPN: 19221320

ARGELIA COROMOTO HERNANDEZ GONZALEZ

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
Insurance Producer	Health	04/02/2024	04/02/2024	06/30/2026
	Life	04/02/2024		
	Variable Contracts	04/02/2024		

Dana Popish-Severinghaus
Director Illinois Dept. of Insurance

State Of Illinois

License No: 19221320 Insurance License NPN: 19221320

ARGELIA COROMOTO HERNANDEZ GONZALEZ

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
Insurance Producer	Health	04/02/2024	04/02/2024	06/30/2026
	Life	04/02/2024		
	Variable Contracts	04/02/2024		

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.

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

Dana Popish-Severinghaus
Director Illinois Dept. of Insurance

Non-Resident Producer Individual

Life, Accident & Health

ARGELIA COROMOTO HERNANDEZ GONZALEZ

35553 SHADE FERN LINE
ZEPHYRHILLS, FL 33541

is authorized to transact business as described above

License No: 3976270 Issue Date: 01-23-2024 Expiration Date: 06-30-2026

Generated by Sircon 313667255

Indiana Department of Insurance

THIS IS TO CERTIFY THAT

ARGELIA COROMOTO HERNANDEZ GONZALEZ
35553 SHADE FERN LINE, ZEPHYRHILLS, FL 33541

LICENSE NUMBER: 3976270

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:

Non-Resident Producer Individual
Life, Accident & Health

Issue Date: 01-23-2024 Expiration Date: 06-30-2026

Generated by Sircon 313667255

State of Maryland Insurance License

License No: 3003035091 NPN: 19221320

ARGELIA COROMOTO HERNANDEZ GONZALEZ

35553 SHADE FERN LINE
ZEPHYRHILLS FL 33541

This is to certify that pursuant to requirements of the Maryland Insurance Code the above named is qualified to do business in the state of Maryland with the authority listed below.

NON-RESIDENT

LICENSE/REGISTRATION	LICENSE ISSUE DATE	LICENSE EXPIRATION DATE	LINE OF AUTHORITY
Insurance Producer	04/05/2024	06/30/2026	Accident and Health or Sickness, Life

This qualification shall remain in effect until the expiration date, unless suspended, revoked or denied. Licensees, Registrants must renew the qualification and pay all applicable fees as required by Maryland Insurance Code prior to the expiration date.

For questions regarding licensing, renewal or continuing education Requirements, contact the Maryland Insurance Administration at 1-888-204-6198 or visit www.mdinsurance.state.md.us

Kathleen A. Birrane, Insurance Commissioner
VOID IF ALTERED, NON-TRANSFERABLE

Dear Licensee:

Enclosed is your new license.

Please use your new License number, your name as it appears on your License, and your Social Security or National Producer Number whenever calling or writing to the Maryland Insurance Administration. Any update to the information provided on your original application must be reported to The Maryland Insurance Administration within thirty (30) days of the change.

If applicable, you must remain current on, and comply with all Continuing Education requirements for any License and lines of insurance that you hold. Please see the Maryland CE regulation for details.

Should you have any questions or concerns regarding your Maryland Insurance License, please call our customer service unit at 1-888-204-6198 between 8:00AM and 5:00PM EST Monday through Friday, or write to The Maryland Insurance Administration, Attn: Producer Licensing, 200 St. Paul Place, Suite 2700, Baltimore, MD 21202.

Sincerely,
The Maryland Insurance Administration

200 St. Paul Place, Suite 2700
Baltimore, MD 21202

ARGELIA COROMOTO HERNANDEZ GONZALEZ
35553 SHADE FERN LINE
ZEPHYRHILLS FL 33541

DIFS
DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES

State of Michigan

Department of Insurance and Financial Services

The licensee has fulfilled the requirements of Public Act 218 of 1956 as amended. This license is granted by the Director of the Department of Insurance and Financial Services to engage in the business of Insurance as stated on this license, subject to all applicable laws, regulations and rules.

SYSTEM ID: 1311993 LICENSE: Non-Resident Producer NPN: 19221320

EFFECTIVE: 08-14-2024

HERNANDEZ GONZALEZ, ARGELIA COROMOTO
35553 SHADE FERN LINE
ZEPHYRHILLS, FL 33541

QUALIFICATIONS

Accident and Health	08-14-2024
Life	08-14-2024

State of New Jersey

License No: 3003191346 NPN: 19221320

Department of Banking and Insurance

ARGELIA COROMOTO HERNANDEZ GONZALEZ

35553 SHADE FERN LINE
ZEPHYRHILLS FL 33541

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

LICENSE TYPE	LINES OF AUTHORITY	EFFECTIVE DATE	EXPIRATION DATE
Insurance Producer	Accident & Health or Sickness; Life	07/18/2024	06/30/2026

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

ARGELIA COROMOTO HERNANDEZ GONZALEZ
35553 SHADE FERN LINE
ZEPHYRHILLS FL 33541

North Carolina
License
Department of Insurance

License No: 19221320 NPN: 19221320

ARGELIA COROMOTO HERNANDEZ GONZALEZ

LICENSE TYPE	LINES OF AUTHORITY	LOA EFFECTIVE DATE	LICENSE FIRST ACTIVE DATE
Insurance Producer	Accident & Health or Sickness	02/07/2024	02/07/2024
	Life	02/07/2024	

Mike Causey, Commissioner of Insurance

ARGELIA COROMOTO HERNANDEZ GONZALEZ
35553 SHADE FERN LINE
ZEPHYRHILLS FL 33541

This insurance 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: 19221320 License NPN: 19221320

Department of Insurance

ARGELIA COROMOTO HERNANDEZ GONZALEZ

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
Insurance Producer	Accident & Health or Sickness	02/07/2024	02/07/2024
	Life	02/07/2024	

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

Mike Causey, Commissioner of Insurance

State of Ohio
Department of Insurance

ARGELIA COROMOTO HERNANDEZ GONZALEZ

Is licensed to engage in the business of insurance in the
State of Ohio in the capacity stated below.

License Type : Non-Resident Major Lines
Line(s) of Authority : Accident & Health, Life

Date of License: August 12, 2024
Expiration Date: June 30, 2026
License Number: 1600428
National Producer Number: 19221320

Mike Dewine, Governor

Judith L. French, Director

Ohio Insurance License
Issued By:
The Ohio Department of Insurance

ARGELIA COROMOTO HERNANDEZ GONZALEZ
(National Producer No: 19221320)

Is hereby licensed to engage in the business of insurance in the State of Ohio in the capacity stated below:

License Type: Non-Resident Major Lines
Line(s) of Authority: Accident & Health, Life

License Number: 1600428
Date of License: August 12, 2024
Expiration Date: June 30, 2026

Mike Dewine, Governor

Judith L. French, Director

ARGELIA COROMOTO HERNANDEZ GONZALEZ
35553 SHADE FERN LINE
ZEPHYRHILLS, FL 33541

Your work helps financially protect Ohio consumers and their families.

You are also part of Ohio's dynamic and growing insurance industry and marketplace, which is one of the strongest and largest in the world.

Your work is vital to Ohio's economy and to the consumers that need your expertise when making decisions that impact their lives.

I have included some information to help you as an insurance professional:

Judith L. French, Director

Judith L. French

Judith L. French

Ohio | Department of Insurance

Ohio Insurance License

Consumers 800-686-1526 | **Medicare** 800-686-1578 | **Fraud & Enforcement** 800-686-1527

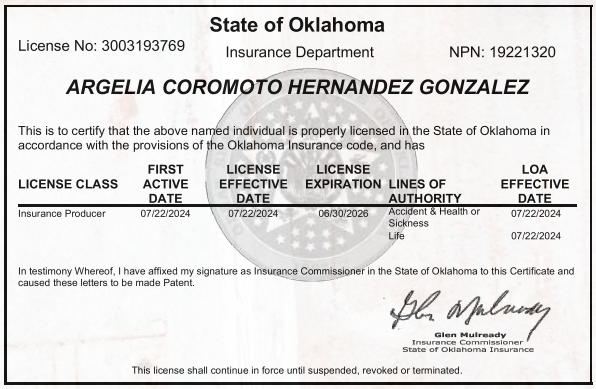
- Report any change of address and/or contact information to the department immediately to ensure you continue receiving important information about your license.
- Before signing a contract with an insurance company or agency, verify that they are authorized and/or licensed to do business in Ohio.
- Keep up with important ODI news. Sign up for our Monthly Insurance Review newsletter.
- Insurance fraud and professional misconduct are illegal. Contact the department's Fraud and Enforcement Division or call 800-686-1527 to report suspected wrongdoing.
- For answers to questions regarding your insurance license and meeting your regulatory requirements, visit the department's Licensing Division web page or call 614-644-2665.

Let us work together to serve and protect Ohio insurance consumers.

Sincerely,

Ohio Department of Insurance Director

ARGELIA COROMOTO HERNANDEZ GONZALEZ
35553 SHADE FERN LINE
ZEPHYRHILLS FL 33541



State of Oklahoma

License No: 3003193769 Insurance Department NPN: 19221320

ARGELIA COROMOTO HERNANDEZ GONZALEZ

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	LINES OF AUTHORITY	LOA EFFECTIVE DATE
Insurance Producer	07/22/2024	07/22/2024	06/30/2026	Accident & Health or Sickness	07/22/2024
				Life	07/22/2024

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
Insurance Commissioner
State of Oklahoma Insurance

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

State of Oklahoma

License No: 3003193769 Insurance Department NPN: 19221320

ARGELIA COROMOTO HERNANDEZ GONZALEZ

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 duly met all qualifications as provided by statute to act in the following capacity:

LICENSE CLASS	FIRST ACTIVE DATE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE	LINES OF AUTHORITY	LOA EFFECTIVE DATE
Insurance Producer	07/22/2024	07/22/2024	06/30/2026	Accident & Health or Sickness	07/22/2024
				Life	07/22/2024

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
Insurance Commissioner
State of Oklahoma Insurance

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

Detach this wallet size license and carry on your person.

ARGELIA COROMOTO HERNANDEZ GONZALEZ
License Number 1215448

License Type: Non-Resident Producer Indv
Effective Date: October 14, 2024
Expiration Date: June 30, 2027

ARGELIA COROMOTO
HERNANDEZ GONZALEZ
35553 SHADE FERN LINE
ZEPHYRHILLS, FL 33541

Lines of Authority:
Accident and Health, Life and Fixed Annuities

1731378894

- This is your new License. Please note your new license number and check your lines of authority to be certain they are correct.
- If your license is subject to Continuing Education (CE) requirements, this requirement MUST BE SATISFIED prior to your license expiration date.
  - To obtain information on your CE requirements and current CE status, access www.sircon.com/pennsylvania
- You must notify the Insurance Department of address changes within 30 days of the change.
  - You may report the address change via e-mail sent to ra-in-producer@pa.gov
- For additional information on the services of the Insurance Department visit our website at www.insurance.pa.gov
- You must notify the Insurance Department in writing within 30 days of being charged with any misdemeanor or felony.

Visit the Pennsylvania Insurance Department's WEB Site at www.insurance.pa.gov

DETACH BELOW

ARGELIA COROMOTO HERNANDEZ GONZALEZ
License Number 1215448

is licensed to engage in the business of insurance in the Commonwealth of Pennsylvania in the capacity stated below, subject to applicable laws and rules

License Type: Non-Resident Producer Indv

Effective Date: October 14, 2024
Expiration Date: June 30, 2027

ARGELIA COROMOTO HERNANDEZ
GONZALEZ
35553 SHADE FERN LINE
ZEPHYRHILLS, FL 33541

Lines of Authority:
Accident and Health, Life and Fixed Annuities

1731378894

ARGELIA COROMOTO HERNANDEZ GONZALEZ
35553 SHADE FERN LINE
ZEPHYRHILLS FL 33541

State of South Carolina

License No: 19221320 Department of Insurance

ARGELIA COROMOTO HERNANDEZ GONZALEZ

35553 SHADE FERN LINE
ZEPHYRHILLS FL 33541

Is authorized by this department to sell, solicit, or negotiate insurance for the line(s) of authority shown

LICENSE TYPE	LICENSE FIRST ACTIVE DATE	LICENSE EXPIRATION DATE	LINES OF AUTHORITY
Insurance Producer	02/07/2024	06/30/2027	Accident & Health or Sickness, Life

Subject to Cancellation, Suspension, or Revocation per Statutes.

Michael Wise

State of South Carolina

License No: 19221320 Department of Insurance

ARGELIA COROMOTO HERNANDEZ GONZALEZ

35553 SHADE FERN LINE
ZEPHYRHILLS FL 33541

NON-RESIDENT

Is authorized by this department to sell, solicit, or negotiate insurance for the line(s) of authority shown

LICENSE TYPE	LICENSE FIRST ACTIVE DATE	LICENSE EXPIRATION DATE	LINES OF AUTHORITY
Insurance Producer	02/07/2024	06/30/2027	Accident & Health or Sickness, Life

Subject to Cancellation, Suspension, or Revocation per Statutes.

Michael Wise

State of Tennessee

License No: 3001442674

NPN: 19221320

Department of
Commerce and Insurance

ARGELIA COROMOTO HERNANDEZ GONZALEZ

LICENSE TYPE	LINES OF AUTHORITY	LICENSE EXPIRATION DATE
Insurance Producer	Accident & Health Life	06/30/2026

ARGELIA COROMOTO HERNANDEZ GONZALEZ
2000 SWEETBROOM CIRCLE
APT 105
LUTZ FL 33559

State of Tennessee

License No: 3001442674

Department of Commerce and Insurance

NPN: 19221320

ARGELIA COROMOTO HERNANDEZ GONZALEZ

This is to certify that all requirements of the State of Tennessee have been met.

LICENSE TYPE	LINES OF AUTHORITY	LICENSE EXPIRATION
Insurance Producer	Accident & Health Life	06/30/2026

This insurance license shall remain in effect until the expiration date unless suspended, revoked or forfeited. The insurance producer must complete continuing education, renew the license and pay fees.

IN-1313
Department of
Commerce and Insurance

Agente de Líneas Generales

Fechas de vigencia de la calificación

Vida, Accidentes, Salud y HMO 30/11/2021

ARGELIA COROMOTO HERNÁNDEZ GONZÁLEZ

PNP: 19221320

2000 CÍRCULO DE ESCOBA

Apto 105

LUTZ, FL 33559

está autorizado a realizar transacciones comerciales como se describe anteriormente

Número de licencia: 2770338 Fecha de emisión: 30/11/2021 Fecha de vencimiento: 30/06/2025

Generado por Sircon 309863423

TEXAS
DEPARTMENT OF INSURANCE

ESTO ES PARA CERTIFICAR QUE

ARGELIA COROMOTO HERNÁNDEZ GONZÁLEZ

2000 CÍRCULO DE ESCOBA
Apto 105
LUTZ, FL 33559

NÚMERO DE LICENCIA: 2770338 PNP: 19221320

POR EL PRESENTE ESTÁ AUTORIZADO A REALIZAR NEGOCIOS DE ACUERDO CON LA DESCRIPCIÓN DE LA LICENCIA QUE SE MUESTRA A CONTINUACIÓN:

Agente de Líneas Generales

Vida, Accidentes, Salud y HMO

Fecha de emisión: 30/11/2021

Generado por Sircon 309863423

Fecha de Vencimiento: 30/06/2025

Productor no residente Indv.

Fechas de vigencia de la calificación

Accidente y salud o enfermedad 07/10/2023 Vida 07/10/2023

ARGELIA COROMOTO HERNÁNDEZ GONZÁLEZ

PNP: 19221320

35553 LINEA SOMBRA HELECHO

ZEPHYRHILLS, FL 33541

está autorizado a realizar transacciones comerciales como se describe anteriormente

Número de licencia: 1003833 Fecha de emisión: 07/10/2023 Fecha de vencimiento: 30/06/2026

Generado por Sircon 309863131

State of Utah
Insurance Department

ESTO ES PARA CERTIFICAR QUE

ARGELIA COROMOTO HERNÁNDEZ GONZÁLEZ

35553 LINEA SOMBRA HELECHO
ZEPHYRHILLS, FL 33541

NÚMERO DE LICENCIA: 1003833 PNP: 19221320

POR EL PRESENTE ESTÁ AUTORIZADO A REALIZAR NEGOCIOS DE ACUERDO CON LA DESCRIPCIÓN DE LA LICENCIA QUE SE MUESTRA A CONTINUACIÓN:

Productor no residente Indv.

Accidente y Salud o Enfermedad , Vida

Fecha de emisión: 07/10/2023
Generado por Sircon 309863131

Fecha de Vencimiento: 30/06/2026

Productor

Fechas de vigencia de la calificación

Salud 05/04/2024 Vida y anualidades 05/04/2024

ARGELIA COROMOTO HERNÁNDEZ GONZÁLEZ

PNP: 19221320

35553 LINEA SOMBRA HELECHO

ZEPHYRHILLS, FL 33541

está autorizado a realizar transacciones comerciales como se describe anteriormente

Número de licencia: 1434372 Fecha de emisión: 05/04/2024 Fecha de vencimiento: 30/06/2025

Generado por Sircon 318227252

COMMONWEALTH OF VIRGINIA
BUREAU OF INSURANCE

ESTO ES PARA CERTIFICAR QUE

ARGELIA COROMOTO HERNÁNDEZ GONZÁLEZ

35553 LINEA SOMBRA HELECHO
ZEPHYRHILLS, FL 33541

NÚMERO DE LICENCIA: 1434372 PNP: 19221320

POR EL PRESENTE ESTÁ AUTORIZADO A REALIZAR NEGOCIOS DE ACUERDO CON LA DESCRIPCIÓN DE LA LICENCIA QUE SE MUESTRA A CONTINUACIÓN:

Productor

Salud , Vida y Rentas Vitalicias

Fecha de emisión: 05/04/2024

Generado por Sircon 318227252

Fecha de Vencimiento: 30/06/2025