

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

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.flds.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.



Jimmy Patronis
Chief Financial Officer
State of Florida

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	07/01/2025	06/30/2027

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

Mark Tauler
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 Life	07/29/2024 07/29/2024	07/01/2025	06/30/2027

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

Mark Tauler
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 Life	07/20/2024 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

ARGELIA COROMOTO HERNANDEZ GONZALEZ
35553 SHADE FERN LINE
ZEPHYRHILLS FL 33541

License No: 19221320

State of Arkansas
Insurance License
Arkansas Insurance Department

ARGELIA COROMOTO HERNANDEZ GONZALEZ

This is to certify that the above named individual is licensed to engage in the business of insurance in the State of Arkansas in the following capacity:

NON-RESIDENT

LICENSE TYPE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE	LINES OF AUTHORITY
Insurance Producer	04/14/2026	06/30/2027	Accident and Health or Sickness, Life

For questions regarding a license, contact Arkansas Insurance Department at 501-371-2750 or E-mail: insurance.license@arkansas.gov


JIMMY HARRIS
Insurance Commissioner

License No: 19221320

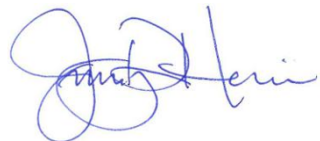
State of Arkansas
Insurance License
Arkansas Insurance Department

ARGELIA COROMOTO HERNANDEZ GONZALEZ

This is to certify that the above named individual is licensed to engage in the business of insurance in the State of Arkansas in the following capacity:

NON-RESIDENT			
LICENSE EFFECTIVE DATE		LICENSE EXPIRATION DATE	
LICENSE TYPE	DATE	DATE	LINES OF AUTHORITY
Insurance Producer	04/14/2026	06/30/2027	Accident and Health or Sickness, Life

For questions regarding a license, contact Arkansas Insurance Department at 501-371-2750 or E-mail: insurance.license@arkansas.gov


JIMMY HARRIS
Insurance Commissioner

California Department of Insurance

ARGELIA COROMOTO HERNANDEZ GONZALEZ

License # 4409361

Pursuant to the requirements of the State of California Insurance Code,
ARGELIA COROMOTO HERNANDEZ GONZALEZ is authorized to act in the following capacity:

License

Insurance Producer

Effective Date

09/12/2024

Expiration Date

09/30/2028

Qualifications

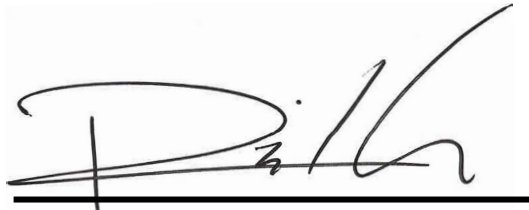
Accident & Health or Sickness

Life

09/12/2024

09/12/2024

Business Address: 35553 Shade Fern Line, Zephyrhills, Florida 33541



Ricardo Lara, Insurance Commissioner





COLORADO

Department of Regulatory Agencies

Division of Insurance

Non-Resident Producer

Qualification Effective Dates

Accident and Health 04/05/2024 Life 04/05/2024

ARGELIA COROMOTO HERNANDEZ GONZALEZ

NPN: 19221320

ZEPHYRHILLS, FLORIDA

is authorized to transact business as described above

License No: 837990 Issue Date: 04/05/2024 Expiration Date: 06/30/2027

Generated by Sircon 348060624

**Colorado
Division of Insurance**

THIS IS TO CERTIFY THAT

**ARGELIA COROMOTO HERNANDEZ
GONZALEZ**

ZEPHYRHILLS, FLORIDA

LICENSE NUMBER: 837990

NPN: 19221320



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

Non-Resident Producer

Accident and Health, Life

Issue Date: 04/05/2024

Expiration Date: 06/30/2027

Generated by Sircon 348060624



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: 06-30-2028

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: 06-30-2028
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ARGELIA COROMOTO HERNANDEZ GONZALEZ
35553 SHADE FERN LINE
ZEPHYRHILLS FL 33541

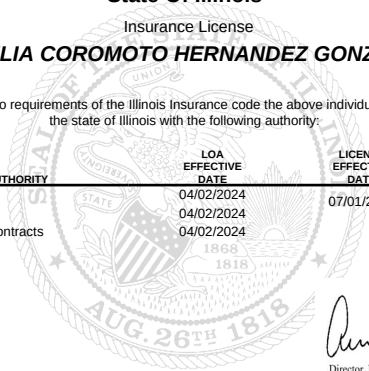
State Of Illinois

License No: 19221320Insurance LicenseNPN: 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	07/01/2026	06/30/2028
	Life	04/02/2024		
	Variable Contracts	04/02/2024		




Director, Illinois Department of Insurance

State Of Illinois

License No: 19221320Insurance LicenseNPN: 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	07/01/2026	06/30/2028
	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


Director, Illinois Department of Insurance



Non-Resident Producer Indv.

Qualification Effective Dates

Life, Accident & Health 01/23/2024

ARGELIA COROMOTO HERNANDEZ GONZALEZ

NPN: 19221320

35553 SHADE FERN LINE

ZEPHYRHILLS, FLORIDA 33541

is authorized to transact business as described above

License No: 3976270 Issue Date: 01/23/2024 Expiration Date: 06/30/2028

Generated by Sircon 368000163

**Indiana Department
of Insurance**

THIS IS TO CERTIFY THAT

**ARGELIA COROMOTO HERNANDEZ
GONZALEZ**

35553 SHADE FERN LINE
ZEPHYRHILLS, FLORIDA 33541

LICENSE NUMBER: 3976270

NPN: 19221320



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

Non-Resident Producer Indv.

Life, Accident & Health

Issue Date: 01/23/2024

Expiration Date: 06/30/2028

Generated by Sircon 368000163

Before an individual insurance producer can sell insurance in Kansas, you must secure a company certification. An appointment is required by each company for which you sell, solicit, or negotiate insurance in Kansas. For questions see information on appointments at the Department's website at insurance.kansas.gov/company-appointment/.

The named licensee is required to keep a current email address on file with the Kansas Insurance Department. In addition, in accordance with K.S.A. 40-4905 you shall remain in compliance by reporting home and mailing address changes, name changes, email address changes, regulatory actions, termination for cause, actions taken against a license in another state and new convictions, within 30 days of the occurrence, to the Department. See the Department's website at insurance.kansas.gov for details on how to update your information through npr.com.

For information on Continuing Education requirements and license renewals, see the Kansas Department of Insurance's website for details. If you have questions regarding your Kansas Insurance License, call the Licensing Division at 785-296-7862, or email the department at kdoi.licensing@ks.gov.

ARGELIA COROMOTO HERNANDEZ GONZALEZ

35553 SHADE FERN LINE

ZEPHYRHILLS FL 33541

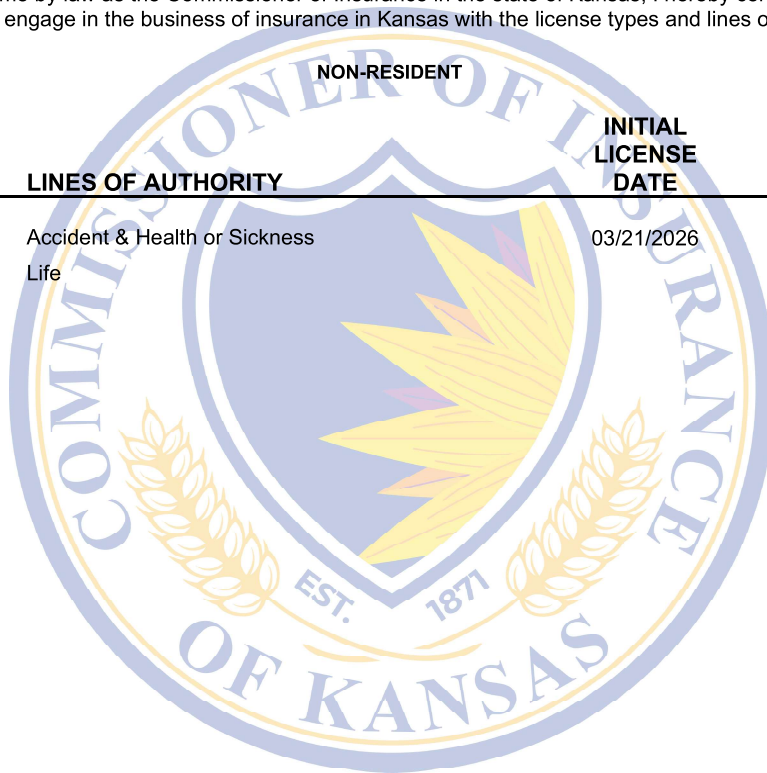
Kansas Insurance License

NPN: 19221320

ARGELIA COROMOTO HERNANDEZ GONZALEZ

By the authority vested in me by law as the Commissioner of Insurance in the state of Kansas, I hereby certify that the licensee named hereon is authorized to engage in the business of insurance in Kansas with the license types and lines of authority shown below.

NON-RESIDENT			
LICENSE TYPE	LINES OF AUTHORITY	INITIAL LICENSE DATE	LICENSE EXPIRATION DATE
Insurance Producer	Accident & Health or Sickness Life	03/21/2026	06/30/2029



For questions regarding a license, contact: Kansas Department of Insurance at kdoi.licensing@ks.gov or visit our website at insurance.kansas.gov.

Vicki Schmidt
Commissioner of Insurance

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	07/01/2026	06/30/2028	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.insurance.maryland.gov


Marie Grant, 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

ARGELIA COROMOTO HERNANDEZ GONZALEZ
35553 SHADE FERN LINE
ZEPHYRHILLS FL 33541



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

ARGELIA COROMOTO HERNANDEZ GONZALEZ
35553 SHADE FERN LINE
ZEPHYRHILLS FL 33541

State of Missouri			
License No: 3004121358	Insurance License	NPN: 19221320	
ARGELIA COROMOTO HERNANDEZ GONZALEZ Is hereby authorized to transact business in accordance with the license description below:			
LICENSE TYPE	LINES OF AUTHORITY	LOA EFFECTIVE DATE	LICENSE EXPIRATION DATE
Insurance Producer	Accident and Health or Sickness Life	03/10/2026 03/10/2026	06/25/2028

This insurance license shall remain in effect until the expiration date unless suspended, revoked or forfeited. The individual must complete continuing education, if applicable, renew the license, and pay fees as required by Missouri Statutes prior to the expiration date.

For questions regarding a license, contact:
MO Dept. of Commerce and Insurance 573-751-3518
or E-mail: licensing@insurance.mo.gov
<http://www.insurance.mo.gov>

State of Missouri

License No: 3004121358

Insurance License

NPN: 19221320

ARGELIA COROMOTO HERNANDEZ GONZALEZ

Is hereby authorized to transact business in accordance with the license description below:

LICENSE TYPE	LINES OF AUTHORITY	LOA EFFECTIVE DATE	LICENSE EXPIRATION DATE
Insurance Producer	Accident and Health or Sickness Life	03/10/2026 03/10/2026	06/25/2028

This insurance license shall remain in effect until the expiration date unless suspended, revoked or forfeited. The individual must complete continuing education, if applicable, renew the license, and pay fees as required by Missouri Statutes prior to the expiration date.

For questions regarding a license, contact:
MO Dept. of Commerce and Insurance 573-751-3518
or E-mail: licensing@insurance.mo.gov
<http://www.insurance.mo.gov>



Ned Gaines, Commissioner of Insurance

Non-Resident Producer

Qualification Effective Dates

Health 03/20/2026 Life 03/20/2026

ARGELIA COROMOTO HERNANDEZ GONZALEZ

NPN: 19221320

35553 SHADE FERN LINE
ZEPHYRHILLS, FLORIDA 33541

is authorized to transact business as described above

License No: 4205045 Issue Date: 03/20/2026 Expiration Date: 03/31/2029

Generated by Sircon 366233662

Nevada Division of Insurance

THIS IS TO CERTIFY THAT



**ARGELIA COROMOTO HERNANDEZ
GONZALEZ**

35553 SHADE FERN LINE
ZEPHYRHILLS, FLORIDA 33541

LICENSE NUMBER: 4205045

NPN: 19221320

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

Non-Resident Producer

Health, Life

Issue Date: 03/20/2026

Expiration Date: 03/31/2029

Generated by Sircon 366233662

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	07/01/2026	06/30/2028

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



Department of
Financial Services

HERNANDEZ GONZALEZ, ARGELIA COROMOTO

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

LICENSE NUMBER: LA-1969694

PRODUCER IS LICENSED AS AN INSURANCE AGENT FOR:

Life Accident and Health

EFFECTIVE DATE: April 06, 2026

EXPIRATION DATE: June 25, 2027

UNLESS SOONER CANCELLED, SUSPENDED OR REVOKED



In Witness Whereof,
I have caused my official seal to
be affixed at the city of Albany

Kaitlin Asrow
Acting Superintendent



7-18,19-041126-5395337

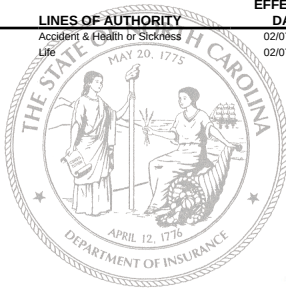
ARGELIA COROMOTO HERNANDEZ GONZALEZ
35553 SHADE FERN LINE
ZEPHYRHILLS FL 33541

North Carolina
License
Department of Insurance

License No: 19221320NPN: 19221320

ARGELIA COROMOTO HERNANDEZ GONZALEZ

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



Mike Causey
Mike Causey, Commissioner of Insurance

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.

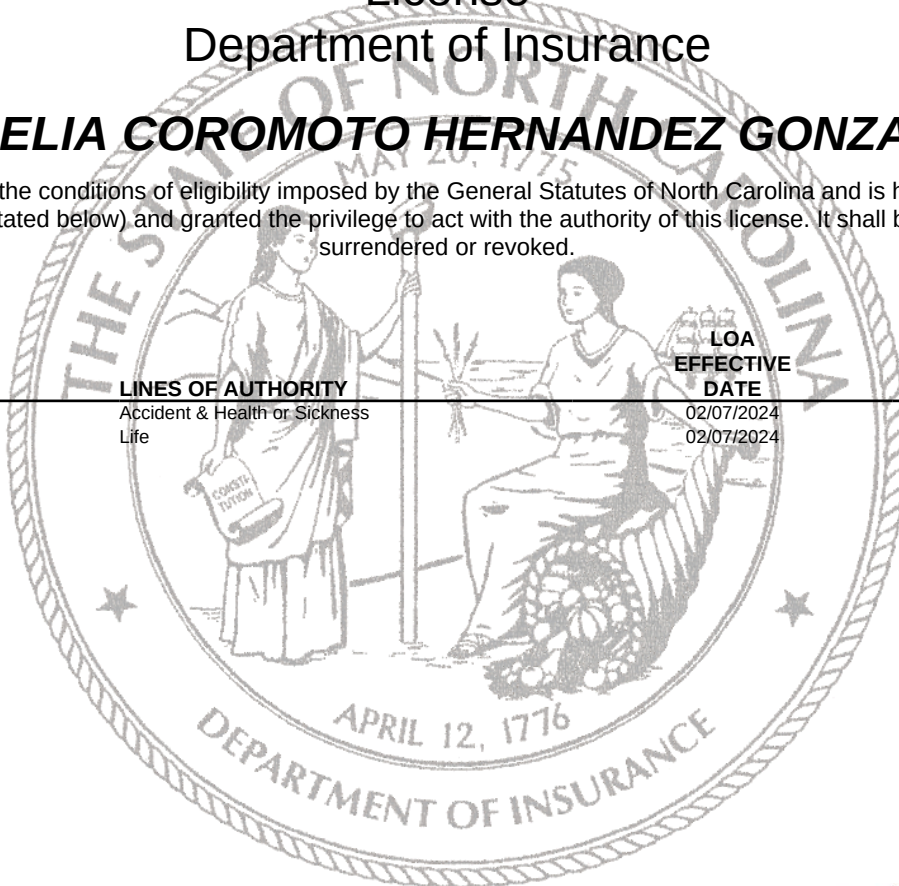
North Carolina
License
Department of Insurance

License No: 19221320NPN: 19221320

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 Life	02/07/2024 02/07/2024	02/07/2024



Mike Causey
Mike Causey, Commissioner of Insurance

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

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, 2028

License Number: 1600428

National Producer Number: 19221320

Mike Dewine, Governor

A handwritten signature in black ink that reads "Judith L. French".

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, 2028

Mike Dewine, Governor

A handwritten signature in black ink that reads "Judith L. French".

Judith L. French, Director

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

Ohio Insurance License

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

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

- 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,



Judith L. French
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 DATE	LINES OF AUTHORITY	LOA EFFECTIVE DATE
Insurance Producer	07/22/2024	07/01/2026	06/30/2028	Accident & Health or Sickness 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	07/01/2026	06/30/2028	Accident & Health or Sickness Life	07/22/2024 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		
Department of Commerce and Insurance		
ARGELIA COROMOTO HERNANDEZ GONZALEZ		
License No: 3001442674		
NPN: 19221320		
LICENSE TYPE	LINES OF AUTHORITY	LICENSE EXPIRATION DATE
Insurance Producer	Accident & Health Life	06/30/2028

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	06/30/2028
		
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

NPN: 19221320

2000 CÍRCULO DE ESCOBA

APTO 105

LUTZ, FL 33559

**está autorizado a realizar negocios como se describe
anteriormente**

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

30/06/2027

Generado por Sircon 347309603

TEXAS DEPARTMENT OF INSURANCE POR LA PRESENTE SE CERTIFICA QUE ARGELIA COROMOTO HERNÁNDEZ GONZÁLEZ 2000 CÍRCULO DE ESCOBA APTO 105 LUTZ, FL 33559 NÚMERO DE LICENCIA: 2770338 NPN: 19221320	POR LA PRESENTE SE AUTORIZA 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 Fecha de vencimiento: Generado por Sircon 347309603 30/06/2027
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Non-Resident Producer Indv.

Qualification Effective Dates

Accident and Hlth or Sickness 10/07/2023 Life 10/07/2023

ARGELIA COROMOTO HERNANDEZ GONZALEZ

NPN: 19221320

35553 SHADE FERN LINE

ZEPHYRHILLS, FLORIDA 33541

is authorized to transact business as described above

License No: 1003833 Issue Date: 10/07/2023 Expiration Date: 06/30/2028

Generated by Sircon 369045579

**State of Utah
Insurance Department**

THIS IS TO CERTIFY THAT

**ARGELIA COROMOTO HERNANDEZ
GONZALEZ**

35553 SHADE FERN LINE
ZEPHYRHILLS, FLORIDA 33541

LICENSE NUMBER: 1003833

NPN: 19221320



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

Non-Resident Producer Indv.

Accident and Hlth or Sickness, Life

Issue Date: 10/07/2023

Expiration Date: 06/30/2028

Generated by Sircon 369045579

No hay nada que imprimir todavía....



Producer

Qualification Effective Dates

Health 04/05/2024 Life & Annuities 04/05/2024

ARGELIA COROMOTO HERNANDEZ GONZALEZ

NPN: 19221320

35553 SHADE FERN LINE

ZEPHYRHILLS, FLORIDA 33541

is authorized to transact business as described above

License No: 1434372 Issue Date: 04/05/2024 Expiration Date: 06/30/2027

Generated by Sircon 348060007

**COMMONWEALTH OF VIRGINIA
BUREAU OF INSURANCE**

THIS IS TO CERTIFY THAT



**ARGELIA COROMOTO HERNANDEZ
GONZALEZ**

35553 SHADE FERN LINE
ZEPHYRHILLS, FLORIDA 33541

LICENSE NUMBER: 1434372

NPN: 19221320

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

Producer

Health, Life & Annuities

Issue Date: 04/05/2024

Expiration Date: 06/30/2027

Generated by Sircon 348060007



OFFICE of the
INSURANCE
COMMISSIONER
WASHINGTON STATE

State of Washington

OFFICE OF THE INSURANCE COMMISSIONER

* * * INSURANCE PRODUCER LICENSE * * *

WAOIC # : 1364624

EFFECTIVE : 06/17/2026

EXPIRES : 06/30/2028

ARGELIA COROMOTO HERNANDEZ GONZALEZ
35553 SHADE FERN LINE
ZEPHYRHILLS FL 33541

THE LICENSEE IS AUTHORIZED TO SELL THE FOLLOWING
LINES OF INSURANCE:

Life, Disability

THIS LICENSE MUST BE ACCOMPANIED BY A CURRENT
APPOINTMENT OR AFFILIATION FOR EACH INSURER OR
BUSINESS ENTITY REPRESENTED.

NOT TRANSFERABLE


INSURANCE COMMISSIONER