



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

ANGELICA MARIA VELASQUEZ

is authorized to transact business as described above

License No: 3451751 Effective Date: 09-30-2021 Expiration Date: 10-31-2025

**Georgia Department
of Insurance**

THIS IS TO CERTIFY THAT

ANGELICA MARIA VELASQUEZ

LICENSE NUMBER: 3451751



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

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

Effective Date: 09-30-2021

Expiration Date: 10-31-2025

ANGELICA MARIA VELASQUEZ
 2645 EXECUTIVE PARK DR STE 354
 WESTON FL 33331-3624

State Of Illinois

License No: 18851875 Insurance License NPN: 18851875

ANGELICA MARIA VELASQUEZ

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	09/10/2021	11/01/2023	10/31/2025
	Life	09/10/2021		


 Ann Gillespie
 Acting Director Illinois Dept. of Insurance

State Of Illinois

License No: 18851875 Insurance License NPN: 18851875

ANGELICA MARIA VELASQUEZ

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	09/10/2021	11/01/2023	10/31/2025
	Life	09/10/2021		

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.


 Ann Gillespie
 Acting Director Illinois Dept. of Insurance

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



Non-Resident Producer Indv.

Qualification Effective Dates

Life, Accident & Health 10/14/2022

ANGELICA MARIA VELASQUEZ

NPN: 18851875

2645 EXECUTIVE PARK DR STE 354

WESTON, FLORIDA 33331-3624

is authorized to transact business as described above

License No: 3843652 Issue Date: 10/14/2022 Expiration Date: 10/31/2026

Generated by Siron 348085719

**Indiana Department
of Insurance**

THIS IS TO CERTIFY THAT

ANGELICA MARIA VELASQUEZ

2645 EXECUTIVE PARK DR STE 354
WESTON, FLORIDA 33331-3624

LICENSE NUMBER: 3843652

NPN: 18851875



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

Non-Resident Producer Indv.

Life, Accident & Health

Issue Date: 10/14/2022

Expiration Date: 10/31/2026

Generated by Sircon 348085719

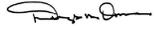
State of Iowa

License No: 18851875 Insurance License NPN: 18851875

ANGELICA MARIA VELASQUEZ

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

LICENSE TYPE	LINES OF AUTHORITY	LOA EFFECTIVE DATE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE
Insurance Producer	Accident and Health Life	12/02/2024 12/02/2024	12/02/2024	10/31/2028


Doug Ommen, Insurance Commissioner

ANGELICA MARIA VELASQUEZ
2645 EXECUTIVE PARK DR STE 354
WESTON FL 33331-3624

State of Iowa

License No: 18851875 Insurance License NPN: 18851875

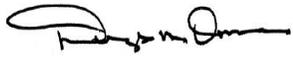
ANGELICA MARIA VELASQUEZ

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

LICENSE TYPE	LINES OF AUTHORITY	LOA EFFECTIVE DATE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE
Insurance Producer	Accident and Health Life	12/02/2024 12/02/2024	12/02/2024	10/31/2028

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 as required by 191 Iowa Administrative code Chapters 10 and 11 prior to the expiration date.

For questions regarding a license, contact:
Iowa Insurance Division 515-654-6600
or E-mail: producer.licensing@iid.iowa.gov


Doug Ommen, Insurance Commissioner

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 nopr.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.

ANGELICA MARIA VELASQUEZ
2645 EXECUTIVE PARK DR STE 354
WESTON FL 33331-3624

Kansas Insurance License

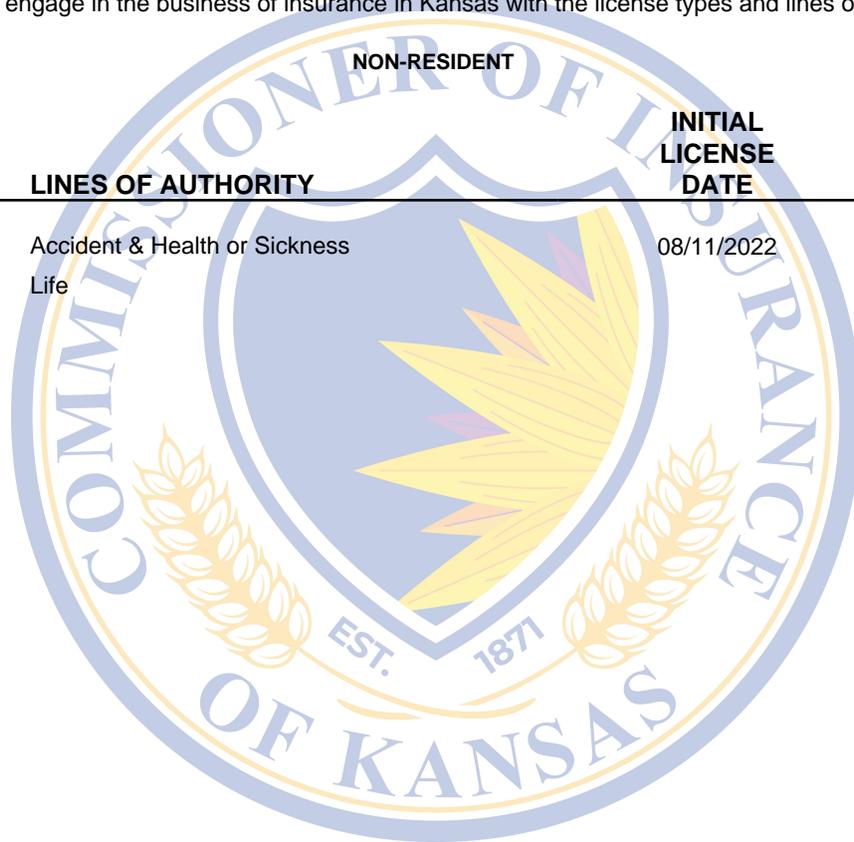
NPN: 18851875

ANGELICA MARIA VELASQUEZ

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	08/11/2022	10/31/2026



Vicki Schmidt
Commissioner of Insurance

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

State of



Louisiana

Commissioner of Insurance

certifies that

Angelica Maria Velasquez
55 Truman Dr
Weston, FL 33326

*has properly met the requirements for licensure of the
Louisiana Department of Insurance.*

License Number: 973970



<u>License Code</u>	<u>Issue Date</u>	<u>Expiration Date</u>
Producer - Accident and Health or Sickness	09/30/2021	10/31/2022
Producer - Life	09/30/2021	10/31/2022

Handwritten signature of James J. Donelon.

James J. Donelon
Commissioner of Insurance

State of Maryland Insurance License

License No: 3002240196

NPN: 18851875

ANGELICA MARIA VELASQUEZ

55 TRUMAN DR
WESTON FL 33326

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	11/03/2022	10/31/2025	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

ANGELICA MARIA VELASQUEZ
55 TRUMAN DR
WESTON FL 33326



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: 1228968

LICENSE: Non-Resident Producer

NPN: 18851875

EFFECTIVE: 08-09-2023

QUALIFICATIONS

VELASQUEZ, ANGELICA MARIA
55 TRUMAN DR
WESTON, FL 33326

Accident and Health 08-09-2023
Life 08-09-2023



MISSISSIPPI

INSURANCE DEPARTMENT

Mike Chaney
Commissioner of Insurance

Mark Haire
Deputy Commissioner of Insurance

License

ANGELICA MARIA VELASQUEZ

License Number: 10963221 NPN: 18851875

is licensed to engage in the business of insurance in the State of Mississippi in the capacity stated below, subject to applicable laws and rules.

	Effective Date	Expiration Date
Licensed as: Insurance Producer	07-19-2023	10-31-2024
Qualified for:		
Accident & Health or Sickness	07-19-2023	
Life	07-19-2023	

Commissioner of Insurance

Mississippi Insurance Department



ANGELICA MARIA VELASQUEZ
LICENSE NUMBER: 10963221 NPN: 18851875

Licensed as/ Qualified for:	Effective Date	Expiration Date
Insurance Producer	07-19-2023	10-31-2024
Accident & Health or Sickness	07-19-2023	
Life	07-19-2023	

ANGELICA MARIA VELASQUEZ
2645 EXECUTIVE PARK DR STE 354
WESTON FL 33331-3624

State of Missouri
License No: 3002202460 Insurance License NPN: 18851875

ANGELICA MARIA VELASQUEZ
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	10/13/2022 10/13/2022	10/22/2026

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>

License No: 3002202460

Insurance License

NPN: 18851875

ANGELICA MARIA VELASQUEZ

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	10/13/2022 10/13/2022	10/22/2026

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>

License No: 18851875

State of Nebraska
Insurance Department

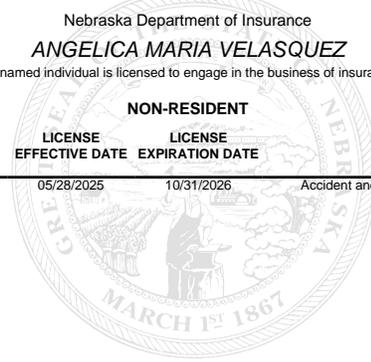
Nebraska Department of Insurance

ANGELICA MARIA VELASQUEZ

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

NON-RESIDENT

LICENSE TYPE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE	LINES OF AUTHORITY
Insurance Producer	05/28/2025	10/31/2026	Accident and Health or Sickness, Life



For questions regarding a license, contact the Nebraska Department of Insurance at 402-471-2201 or E-mail: doi.licensing@nebraska.gov

Eric Dunning
Director of Insurance

ANGELICA MARIA VELASQUEZ
2645 EXECUTIVE PARK DR STE 354
WESTON FL 33331-3624

State of Nebraska

License No: 18851875

Insurance Department

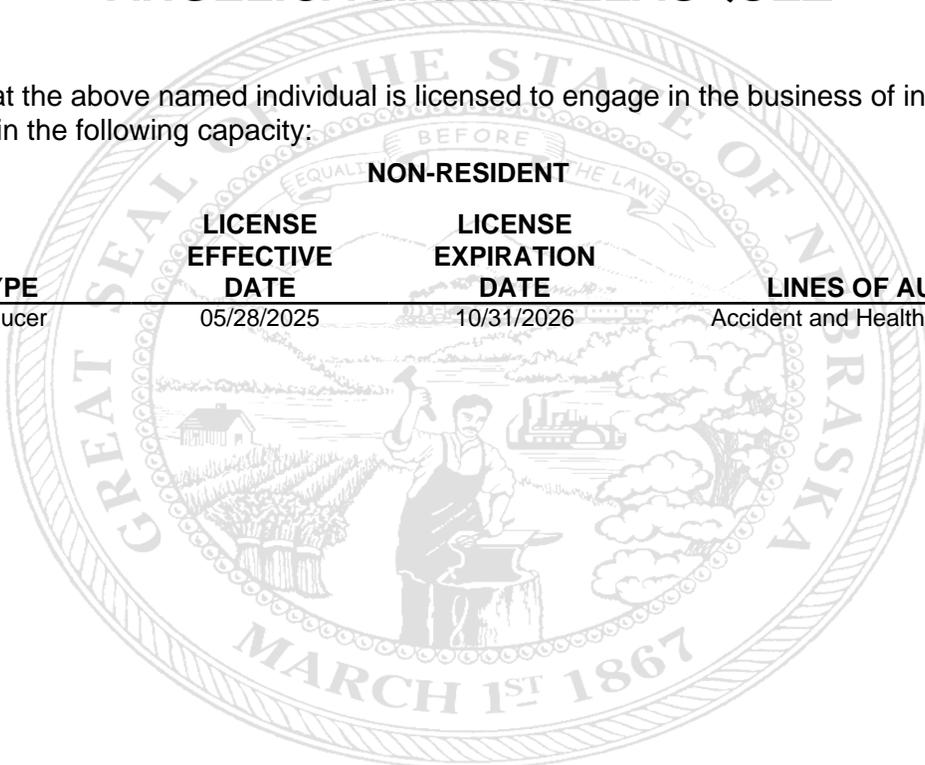
Nebraska Department of Insurance

ANGELICA MARIA VELASQUEZ

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

NON-RESIDENT

LICENSE TYPE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE	LINES OF AUTHORITY
Insurance Producer	05/28/2025	10/31/2026	Accident and Health or Sickness, Life



For questions regarding a license, contact the Nebraska Department of Insurance at 402-471-2201 or E-mail: doi.licensing@nebraska.gov

Eric Dunning
Director of Insurance

State of New Jersey

License No: 3001089632

NPN: 18851875

Department of Banking and Insurance

ANGELICA MARIA VELASQUEZ

2645 EXECUTIVE PARK DR STE 354

WESTON FL 33331-3624

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.

<u>LICENSE TYPE</u>	<u>LINES OF AUTHORITY</u>	<u>EFFECTIVE DATE</u>	<u>EXPIRATION DATE</u>
Insurance Producer	Accident & Health or Sickness; Life	11/01/2024	10/31/2026



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

ANGELICA MARIA VELASQUEZ

2645 EXECUTIVE PARK DR STE 354

WESTON FL 33331-3624

ANGELICA MARIA VELASQUEZ
 2645 EXECUTIVE PARK DR STE 354
 WESTON FL 33331-3624

STATE OF ALABAMA
 DEPARTMENT OF INSURANCE

License No: 3002619788 NPN: 18851875

ANGELICA MARIA VELASQUEZ

LICENSE TYPE	LINES OF AUTHORITY	LOA EFFECTIVE DATE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE
Insurance Producer	Accident & Health or Life	07/20/2023 07/20/2023	11/01/2024	10/31/2026

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
 DEPARTMENT OF INSURANCE

License No: 3002619788 NPN: 18851875

ANGELICA MARIA VELASQUEZ

LICENSE TYPE	LINES OF AUTHORITY	LOA EFFECTIVE DATE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE
Insurance Producer	Accident & Health or Sickness Life	07/20/2023 07/20/2023	11/01/2024	10/31/2026

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

ANGELICA MARIA VELASQUEZ
2645 EXECUTIVE PARK DR STE 354
WESTON FL 33331-3624

ARIZONA INSURANCE LICENSE

License No: 18851875

ANGELICA MARIA VELASQUEZ

2645 EXECUTIVE PARK DR STE 354
WESTON FL 33331-3624

NON-RESIDENT

As of June 12, 2025

LICENSE CLASS	FIRST ACTIVE DATE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE	LINES OF AUTHORITY	LOA EFFECTIVE DATE
Insurance Producer	06/18/2021	11/01/2024	10/31/2028	Accident and Health or Sickness Life	06/18/2021 06/18/2021

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



Non-Resident Producer

Qualification Effective Dates

Accident & Health or Sickness 11/02/2024 Life 11/02/2024

ANGELICA MARIA VELASQUEZ

NPN: 18851875

2645 EXECUTIVE PARK DR STE 354

WESTON, FLORIDA 33331-3624

is authorized to transact business as described above

License No: 611622 Issue Date: 11/02/2024 Expiration Date: 10/31/2026

Generated by Sircon 348090919

**Wyoming
Insurance Department**

THIS IS TO CERTIFY THAT



ANGELICA MARIA VELASQUEZ

2645 EXECUTIVE PARK DR STE 354
WESTON, FLORIDA 33331-3624

LICENSE NUMBER: 611622

NPN: 18851875

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

Non-Resident Producer

Accident & Health or Sickness, Life

Issue Date: 11/02/2024

Expiration Date: 10/31/2026

Generated by Sircon 348090919

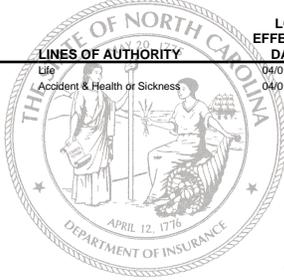
ANGELICA MARIA VELASQUEZ
 55 TRUMAN DR
 WESTON FL 33326-1174

North Carolina
License

License No: 18851875 NPN: 18851875

ANGELICA MARIA VELASQUEZ

LICENSE TYPE	LINES OF AUTHORITY	LOA EFFECTIVE DATE	LICENSE FIRST ACTIVE DATE
Insurance Producer	Life Accident & Health or Sickness	04/01/2022 04/01/2022	10/09/2019



APRIL 12, 1776
DEPARTMENT OF INSURANCE

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

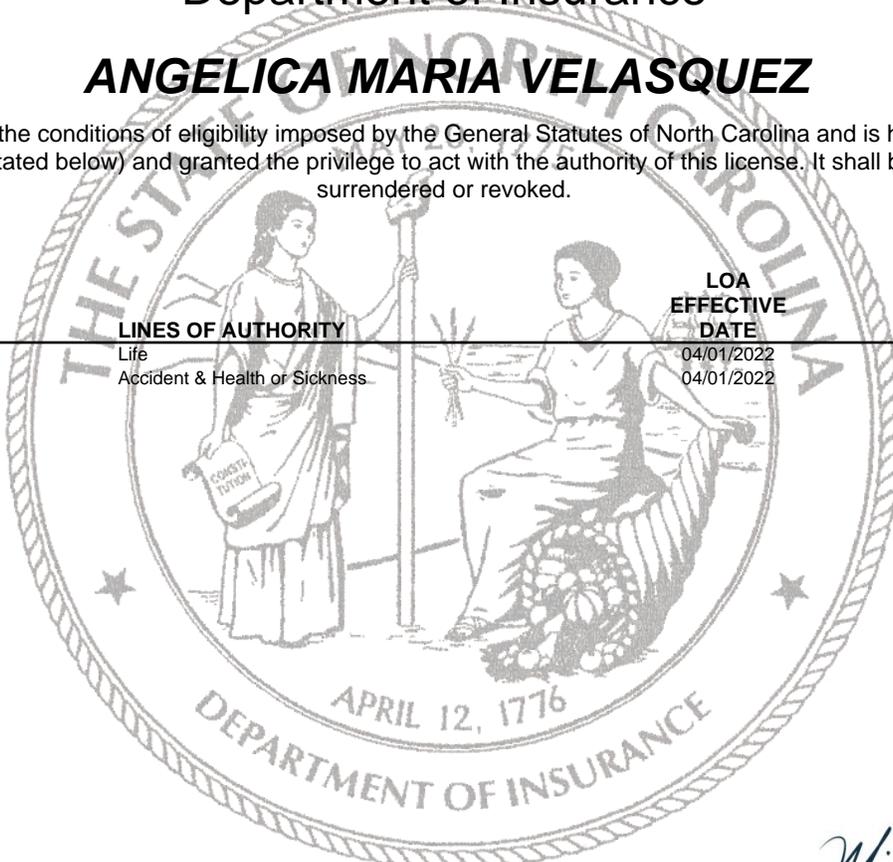
License

Department of Insurance

ANGELICA MARIA VELASQUEZ

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	Life Accident & Health or Sickness	04/01/2022 04/01/2022	10/09/2019



APRIL 12, 1776
DEPARTMENT OF INSURANCE

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

ANGELICA MARIA VELASQUEZ

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



Date of License: December 02, 2021
Expiration Date: October 31, 2025
License Number: 1409759
National Producer Number: 18851875

Mike Dewine, Governor

Judith L. French
Judith L. French, Director

Ohio Insurance License

Issued By:
The Ohio Department of Insurance

ANGELICA MARIA VELASQUEZ
(National Producer No: 18851875)

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



License Number: 1409759
Date of License: December 02, 2021
Expiration Date: October 31, 2025

Mike Dewine, Governor

Judith L. French
Judith L. French, Director

ANGELICA MARIA VELASQUEZ
2645 EXECUTIVE PARK DR STE 354
WESTON, FL 33331-3624

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

ANGELICA MARIA VELASQUEZ
 2645 EXECUTIVE PARK DR STE 354
 WESTON FL 33331-3624

State of Oklahoma

License No: 3002199323 Insurance Department NPN: 18851875

ANGELICA MARIA VELASQUEZ

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	10/12/2022	11/01/2024	10/31/2026	Accident & Health or Sickness Life	10/12/2022 10/12/2022

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

License No: 3002199323 Insurance Department NPN: 18851875

ANGELICA MARIA VELASQUEZ

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	10/12/2022	11/01/2024	10/31/2026	Accident & Health or Sickness Life	10/12/2022 10/12/2022

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.

Detach this wallet size license and carry on your person.



ANGELICA MARIA VELASQUEZ License Number 1255017	
License Type: Non-Resident Producer Indv Effective Date: June 13, 2025 Expiration Date: October 31, 2027	
ANGELICA MARIA VELASQUEZ 2645 EXECUTIVE PARK DR STE 354 WESTON, FL 33331-3624	Lines of Authority: Life and Fixed Annuities, Accident and Health
 6313179342	

- 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

ANGELICA MARIA VELASQUEZ
License Number 1255017

ANGELICA MARIA VELASQUEZ
2645 EXECUTIVE PARK DR STE 354
WESTON FL 33331-3624

State of South Carolina
Department of Insurance
License No: 18851875
ANGELICA MARIA VELASQUEZ
2645 EXECUTIVE PARK DR STE 354
WESTON FL 33331-3624

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	09/11/2020	10/31/2026	Accident & Health or Sickness, Life

Subject to Cancellation, Suspension, or Revocation per Statutes.

Date Printed: June 12, 2025



License No: 18851875

Department of Insurance

ANGELICA MARIA VELASQUEZ

2645 EXECUTIVE PARK DR STE 354
WESTON FL 33331-3624

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	09/11/2020	10/31/2026	Accident & Health or Sickness, Life

Subject to Cancellation, Suspension, or Revocation per Statutes.

Date Printed: June 12, 2025



State of Tennessee
Department of
Commerce and Insurance
ANGELICA MARIA VELASQUEZ

License No: 3001520160
NPN: 18851875



<u>LICENSE TYPE</u>	<u>LINES OF AUTHORITY</u>	<u>LICENSE EXPIRATION DATE</u>
Insurance Producer	Accident & Health Life	10/31/2025

ANGELICA MARIA VELASQUEZ
2645 EXECUTIVE PARK DR STE 354
WESTON FL 33331-3624

State of Tennessee
Department of
Commerce and Insurance

License No: 3001520160 NPN: 18851875

ANGELICA MARIA VELASQUEZ

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

<u>LICENSE TYPE</u>	<u>LINES OF AUTHORITY</u>	<u>LICENSE EXPIRATION</u>
Insurance Producer	Accident & Health Life	10/31/2025



IN-1313
Department of
Commerce and Insurance

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.



General Lines Agent

Qualification Effective Dates

Life, Accident, Health & HMO 10/25/2018

ANGELICA MARIA VELASQUEZ

NPN: 18851875

2645 EXECUTIVE PARK DR STE 354

WESTON, FLORIDA 33331-3624

is authorized to transact business as described above

License No: 2351225 Issue Date: 10/25/2018 Expiration Date: 10/31/2026

Generated by Siron 348090450

TEXAS
DEPARTMENT OF INSURANCE

THIS IS TO CERTIFY THAT



ANGELICA MARIA VELASQUEZ

2645 EXECUTIVE PARK DR STE 354
WESTON, FLORIDA 33331-3624

LICENSE NUMBER: 2351225

NPN: 18851875

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

General Lines Agent

Life, Accident, Health & HMO

Issue Date: 10/25/2018

Expiration Date: 10/31/2026

Generated by Sircon 348090450



State of Utah

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

Insurance Department

JONATHAN T. PIKE
Insurance Commissioner

Licenses must submit address changes to the Utah Insurance Department within 30 days of the change. All such changes should be submitted online at www.sircon.com/utah or www.nipr.com.

Individual producers cannot solicit, sell, or negotiate insurance until appointed by an insurer or designated to act by an insurance agency.

Insurance Agencies cannot solicit, sell, or negotiate insurance until contracted and appointed by an insurer.

Non-Resident Producer Individual

Accident and Health or Sickness, Life

ANGELICA MARIA VELASQUEZ

55 TRUMAN DR
WESTON, FL 33326

is authorized to transact business as described above

License No: 992300

Issue Date: 07-18-2023

Expiration Date: 10-31-2025

Generated by Sircon 300335258

<p>State of Utah Insurance Department</p> <p>THIS IS TO CERTIFY THAT</p> <p>ANGELICA MARIA VELASQUEZ 55 TRUMAN DR, WESTON, FL 33326</p> <p>LICENSE NUMBER: 992300</p> 	<p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p>Non-Resident Producer Individual Accident and Health or Sickness, Life</p> <p>Issue Date: 07-18-2023 Expiration Date: 10-31-2025</p> <p>Generated by Sircon 300335258</p>
--	---



Producer

Qualification Effective Dates

Life & Annuities 11/19/2020

ANGELICA MARIA VELASQUEZ

NPN: 18851875

2645 EXECUTIVE PARK DR STE 354

WESTON, FLORIDA 33331-3624

is authorized to transact business as described above

License No: 1208464 Issue Date: 11/19/2020 Expiration Date: 10/31/2026

Generated by Sircon 348090532

**COMMONWEALTH OF VIRGINIA
BUREAU OF INSURANCE**

THIS IS TO CERTIFY THAT



ANGELICA MARIA VELASQUEZ

2645 EXECUTIVE PARK DR STE 354
WESTON, FLORIDA 33331-3624

LICENSE NUMBER: 1208464

NPN: 18851875

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

Producer

Life & Annuities

Issue Date: 11/19/2020

Expiration Date: 10/31/2026

Generated by Sircon 348090532

OIC online services login information:

User ID: LIC1170148
Registered email address: angelicamvj@gmail.com
Next expiry date: 10/31/2023

Remember, all licensing processes must be completed online.

Contact us via:

Email: licinfo@oic.wa.gov
Phone: 360-725-7144
Fax: 360-586-2019
Postal mail: P.O. Box 40255
Olympia, WA 98504-0255

Visit our website: <https://www.insurance.wa.gov/producers>

Make sure you are familiar with insurance license compliance laws and rules at:
<https://www.insurance.wa.gov/now-youre-licensed-whats-next>

Cut Here Cut Here Cut Here Cut Here Cut Here Cut Here

State of Washington
OFFICE OF THE INSURANCE COMMISSIONER

*** * * INSURANCE PRODUCER LICENSE * * ***

WAOIC # : 1170148

EFFECTIVE : 08/16/2022

EXPIRES : 10/31/2023

ANGELICA MARIA VELASQUEZ

55 TRUMAN DR

WESTON FL 33326

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

ANGELICA MARIA VELASQUEZ
2645 EXECUTIVE PARK DR STE 354
WESTON FL 33331-3624

State of Wisconsin

License No: 18851875

Insurance License

NPN: 18851875

Office of the Commissioner of Insurance

ANGELICA MARIA VELASQUEZ

Is licensed to transact insurance business in the state of Wisconsin subject to applicable laws and regulations.

LICENSE TYPE	EFFECTIVE DATE	LICENSE EXPIRATION DATE	LINE OF AUTHORITY	LOA EFFECTIVE DATE
Intermediary (Agent) Individual	11/01/2023	10/31/2025	Accident & Health	09/24/2021

Document printed on-line. To verify license status or appointment, go to OCI Website at www.statebasedsystems.com

Licensee must notify OCI of any change of name or address within 30 days of the change. Regulation fees and continuing education (if required) are due by the expiration date identified.

Office of the Commissioner of Insurance

Agent Licensing Section

PO Box 7872

Madison, Wisconsin 53707-7872

Telephone: (608)266-8699 Website: oci.wi.gov

E-mail: ociagentlicensing@wisconsin.gov



Insurance Producer

Qualification Effective Dates

Accident & Health or Sickness 10/25/2023 Life 10/25/2023

ANGELICA MARIA VELASQUEZ

NPN: 18851875

2645 EXECUTIVE PARK DR STE 354

WESTON, FL 33331-3624

is authorized to transact business as described above

License No: 4105025 Issue Date: 02/16/2021 Expiration Date: 02/28/2027

Generated by Sircon 340491445

<p>California Department of Insurance THIS IS TO CERTIFY THAT</p>  <p>ANGELICA MARIA VELASQUEZ 2645 EXECUTIVE PARK DR STE 354 WESTON, FL 33331-3624</p> <p>LICENSE NUMBER: 4105025 NPN: 18851875</p>	<p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p>Insurance Producer Accident & Health or Sickness, Life</p> <p>Issue Date: 02/16/2021 Expiration Date: 02/28/2027</p> <p>Generated by Sircon 340491445</p>
--	---



COLORADO

Department of Regulatory Agencies

Division of Insurance

Non-Resident Producer

Qualification Effective Dates

Accident and Health 04/03/2025 Life 04/03/2025

ANGELICA MARIA VELASQUEZ

NPN: 18851875

WESTON, FL

is authorized to transact business as described above

License No: 888042 Issue Date: 04/03/2025 Expiration Date: 10/31/2026

Generated by Sircon 343429018

<p>Colorado Division of Insurance</p> <p>THIS IS TO CERTIFY THAT</p> <p>ANGELICA MARIA VELASQUEZ WESTON, FL</p> <p>LICENSE NUMBER: 888042 NPN: 18851875</p> 	<p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p>Non-Resident Producer Accident and Health, Life</p> <p>Issue Date: 04/03/2025 Expiration Date: 10/31/2026</p> <p>Generated by Sircon 343429018</p>
--	---

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

ANGELICA MARIA VELASQUEZ

License Number : W499908

Resident Insurance License

- 0214 - LIFE INCL VARIABLE ANNUITY
- 0240 - HEALTH

Issue Date

02/25/2019
07/18/2018

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