

# State of Maryland Insurance License

License No: 99973856

NPN: 8947892

**JACK L. FLEMING, JR**  
19208 CIRCLE GATE DRIVE  
APT 201  
GERMANTOWN, MD 20874

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.

LICENSE/REGISTRATION	LICENSE	LICENSE EXPIRE DATE	LINES OF AUTHORITY
PRODUCER	99973856	06/30/2015	HEALTH LIFE, TITLE

This qualification shall remain in effect until the licensee fulfills the continuing education requirements. Registrants must renew the qualification and pay all applicable fees as required by Maryland Insurance Code provisions. License 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](http://www.mdinsurance.state.md.us)

*John W. Redmer, Jr.*  
John W. Redmer, Jr., 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 Saint Paul Place, Suite 2700  
Baltimore, Maryland 21202

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District of Columbia  
Department of Insurance, Securities and Banking  
*JACK L. FLEMING*

Is licensed to engage in the business of insurance, in the capacity stated below  
License Number: 2893672 NPN: 8947892  
Effective Date: 07/01/2015 Expiration Date: 06/30/2017  
LICENSE TYPE: \_\_\_\_\_  
PRODUCER LINE OF AUTHORITY CODE  
Title L, II  
TLP

District of Columbia  
Department of Insurance,  
Securities and Banking

*JACK L. FLEMING*

Is licensed to engage in the business of insurance in the District of Columbia, in the capacity stated below

License Number: 2893672 NPN: 8947892

Effective Date: 07/01/2015 Expiration Date: 06/30/2017  
Page: 1 of 1

LICENSE TYPE

LINE OF AUTHORITY

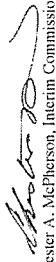
PRODUCER

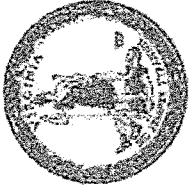
LIFE; ACCIDENT; HEALTH OR SICKNESS

Title

Title Producer

VOID IF ALTERED NON-TRANSFERABLE

  
Chester A. McPherson, Interim Commissioner



COMMONWEALTH OF  
VIRGINIA  
BUREAU OF INSURANCE

JACQUELINE K. CUNNINGHAM  
COMMISSIONER OF INSURANCE  
STATE CORPORATION  
COMMISSION

BUREAU OF INSURANCE  
P. O. BOX 1157

RICHMOND, VIRGINIA 23218  
TELEPHONE: (804) 371-9631  
TDD/VOICE: (804) 371-9206

[www.scc.virginia.gov/boi](http://www.scc.virginia.gov/boi)

Licenses shall report to the Bureau within 30 days any change in residence at [www.scc.virginia.gov/boi/online.aspx](http://www.scc.virginia.gov/boi/online.aspx)

A producer licensee is entitled to be appointed as an agent to transact the business of insurance on behalf of Virginia licensed insurers pursuant to Title 38.2 of the Code of Virginia.

This license is perpetual and is in effect from its issue date unless surrendered, terminated, suspended, revoked or an expiration date is noted. Nonresidents only. This license is limited to the authority granted by the licensee's home state.

## Producer

Health , Life & Annuities , Title

**JACK LIONEL FLEMING , JR**

19208 CIRCLE GATE DRIVE

APT 201

GERMANTOWN , MD 20874

**is authorized to transact business as described above**

License No: 622945

Issue Date: 10-25-2007

Expiration Date:

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COMMONWEALTH OF VIRGINIA  
BUREAU OF INSURANCE  
THIS IS TO CERTIFY THAT



JACK LIONEL FLEMING , JR  
19208 CIRCLE GATE DRIVE , APT 201 , GERMANTOWN ,  
MD 20874

LICENSE NUMBER: 622945

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

**Producer**

Health , Life & Annuities , Title

Generated by Siron

102413490

Issue Date: 10-25-2007 Expiration Date:



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/30/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Brown & Brown Program Insurance Services, Inc. d.b.a. C&S Insurance Associates P.O. Box 7048 Orange, CA 92863	CONTACT PHONE (A/C, No., Ext.): 8007457169	FAX (A/C, No., Ext.):
	EMAIL ADDRESS: info@cainsurance.com	
	PRODUCER CUSTOMER ID #:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Life & Health Agents, members of the Financial Sales Professionals Purchasing Group JACK FLEMING 19208 CIRCLE GATE DR #201 GERMANTOWN, MD 20874 FAX:	INSURER A: American Automobile Insurance	21849
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

**COVERAGES** CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR. TYPE	TYPE OF INSURANCE	ADDL. INSR.	SUBR. WVD	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (E&O) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPACT AGG \$ COMBINED SINGLE LIMIT (E&O) \$
	VEHICLE LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>						COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per person) \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per person) \$
	UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE \$ RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$ EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY (Mandatory in NH) OFFICER/EMBER EXCLUDED SPECIAL PROVISIONS NAISW		N/A				INC-STABIL-HOYR LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	CLAIMS MADE AND REPORTED Description Agent/Broker E&O Liability - Lewis II	<input type="checkbox"/>	<input type="checkbox"/>	6E0718528-AN	01/01/2014	01/01/2015	Each Claim \$ 1,000,000.00 Aggregate Each Agent \$ 2,000,000.00

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
Subject to the terms, conditions, exclusions and endorsements of the policy. Coverage is provided for the inside and outside sale and/or servicing of Life (other than variable life insurance products), Accident & Health, Long Term Care, Disability Income, Medicare Supplement and fully insured Group Life, A&H or Disability, Fixed Annuities, Equity Indexed Annuities, and Individual Retirement Annuities; but does not include Group or Ordinary Pension or Profit Sharing Plans, Individual Retirement Accounts, Keogh Plans, 401(k) or 501(b). No coverage is provided for the following products: 412(n) Plans, 419 Plans, Multiple Employer Welfare Arrangements (MEWAs). Also included for coverage providing advice or consulting solely related to a Covered Product, including financial planning or consulting solely related to a Covered Product; but not including any advice or recommendation to, in any way, sell, convert, surrender or alter a Covered Product, in order to acquire or invest in anything other than a Covered Product. Deductible = \$500 per claim on Life, A&H, LTC, Medicare Supplement, Disability Income, Fully Insured Group A&H and \$2,600 per claim for Fixed Annuities and Equity Indexed Annuities.

Individual Coverage Effective Date is the later of the date indicated under Policy Eff or date of contract with sponsor.

**CERTIFICATE HOLDER** | **CANCELLATION**  
TACV ET FINANC | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED, REFUND THE