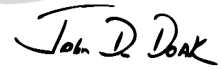


SEAN MICHAEL REKEMEYER

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 TYPE	FIRST ACTIVE DATE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE	LINES OF AUTHORITY	LOA EFFECTIVE DATE
Producer	03/18/2003	05/01/2017	04/30/2019	Accident & Health	10/23/2015
				Life	10/23/2015

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.



John D. Doak
Insurance Commissioner
State of Oklahoma Insurance Department

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

SEAN MICHAEL REKEMEYER
812 WAGGONER DR
ARLINGTON TX 76013

State of Oklahoma
Insurance Department

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