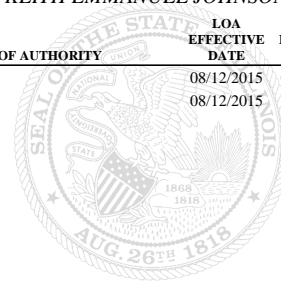


**KEITH EMMANUEL JOHNSON**

LICENSE TYPE	LINES OF AUTHORITY	LOA EFFECTIVE DATE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE
PRODUCER	Life	08/12/2015	08/12/2015	06/30/2017
	Health	08/12/2015		



*AM Dowling*

Anne Melissa Dowling  
Acting Director of Insurance

**KEITH EMMANUEL JOHNSON**  
16843 VALLEY BLVD #E-116  
FONTANA CA 92335

License No: 16709015

## State of Illinois Insurance License

NPN: 16709015

***KEITH EMMANUEL JOHNSON***

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
PRODUCER	Life	08/12/2015	08/12/2015	06/30/2017
	Health	08/12/2015		



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](mailto:DOI.licensing@illinois.gov)

*AM Dowling*

Anne Melissa Dowling  
Acting Director of Insurance