License No: 8354121	State of Missouri Insurance License	NPN: 16709015	
	KEITH EMMANUEL JOHNS	ON	
LICENSE TYPE	THE LINES OF AUTHORITY	EFFECTIVE DATE	LICENSE EXPIRATION DATE
Producer	Luife Accident and Health	08/12/2015 08/12/2015	08/12/2017

NPN: 16709015

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

## State of Missouri

## Insurance License

## KEITH EMMANUEL JOHNSON

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

		LICENSE
	EFFECTIVE E	EXPIRATION
LICENSE TYPE	LINES OF AUTHORITY DATE	DATE
Producer	Life 08/12/2015	08/12/2017
	Accident and Health 08/12/2015	
	80/1 S D F : \ \OX	
This insurance license	e shall remain in effect until the expiration date unless suspended, revoked or fo	orfeited The

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 DIFP - Insurance 573-751-3518 or E-mail: <a href="mailto:licensing@insurance.mo.gov">licensing@insurance.mo.gov</a> <a href="http://www.insurance.mo.gov">http://www.insurance.mo.gov</a>

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