		STATE OF ALABAM			
License No: 3000260561		DEPARTMENT OF INSURAN		NPN: 7621909	
		DOUG LANCE MOOR	S.		
LICENSE TYPE	LINES OF AUTHORITY	LOA EFFECTIVE DATE		LICENSE EXPIRATION DATE	
Insurance Producer	Life Accident & Health or	03/19/2018 03/19/2018	11/01/2023	10/31/2025	
	8	FLORIDA	MA		
licensed/registere This license shall	d by this state, in the cap remain in effect until the	y imposed by the State of Alabama, Ti bacity stated above, and granted the expiration date unless cancelled, surr applicable renewal fees as required b	rivilege to act with the a endered or revoked. Ind	uthority of this licer lividual licensees m	
expiration date.			_		
	arding a license, contact urance 334-269-3550 or		Mark Towne	2	
	ensing@insurance.alab		Commissioner's Signature	e	

## STATE OF ALABAMA DEPARTMENT OF INSURANCE License No: 3000260561 NPN: 7621909 DOUG LANCE MOORE LICENSE LICENSE LOA EFFECTIVE EFFECTIVE **EXPIRATION** LICENSE TYPE LINES OF AUTHORITY DATE DATE DATE Insurance Producer 03/19/2018 11/01/2023 10/31/2025 l ife Accident & Health or Sickness 03/19/2018 ATE 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 Commissioner's Signature E-mail:producerlicensing@insurance.alabama.gov

**DOUG LANCE MOORE** 7601 N BROOKSTONE PL

BROOKVILLE OH 45309