State of Oklahoma									
License No: 3000	0165319	Insurance Department		NPN: 17832912					
CODY SHANE WAITS									
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This is to certify that accordance with the as provided by statu	provisions of	the Oklahoma In	surance code, a						
	FIRST	LICENSE	LICENSE		LOA				
LICENSE CLASS	ACTIVE DATE	EFFECTIVE DATE		LINES OF AUTHORITY	EFFECTIVE DATE				
Insurance Producer	10/05/2017	10/05/2017	10/31/2019	Life	10/05/2017				
				Accident & Health	10/05/2017				
In testimony Whereot, 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. De Insurance Comm State of Oklahoma Insura	issioner				
	This license shal	I continue in force ur	itil suspended, revol	ked or terminated.					

CODY SHANE WAITS

2521 GLEN RANCH DR BURLESON TX 76028

Instruction of products Instruction of products This is to certify that the above named individual is properly licensed in the State of Oklahoma in accordance with the provision Oklahoma Insurance code, and has duly met all qualifications as provided by statute to act in the following capacity: <u>Insurance Producer</u> <u>Inno Producer</u> nt testimony Whereof, I have affixed my signature as Insurance Commissioner in the State of Oklahoma to this Certificate and these letters to be made Patent. <u>John D. Doak</u> <u>John D. Doak</u> <u>Insurance Commissioner</u>			State of	Oklahon	na		
This is to certify that the above named individual is properly licensed in the State of Oklahoma in accordance with the provision Oklahoma Insurance code, and has duly met all qualifications as provided by statute to act in the following capacity: <u>LICENSE CLASS</u> <u>DATE</u> <u>DATE</u> <u>DATE</u> <u>DATE</u> <u>DATE <u>DATE</u> <u>DATE <u>DATE </u> <u>DATE <u>DATE </u> <u>DATE </u></u></u></u>	License No: 3000165319		Insurance Department			NPN: 17832912	
Oklahoma Insurance code, and has duly met all qualifications as provided by statute to act in the following capacity: Insurance CLASS Insurance Producer 10/05/2017 10/05/2017 10/05/2017 10/05/2017 10/05/2017 10/05/2017 10/05/2017 10/05/2017 10/05/2017 10/05/2017 10/05/2017 10/05/2017 10/05/2017 10/05/2017 10/05/2017 10/05/2017 10/05/2017 10/05/2017 10/05/2017 10/05/2017 10/05/2017 10/05/2017 10/05/2017 10/05/2017 10/05/2017 10/05/2017 10/05/2 Accident & Health 10/05/2 10/05/2 In testimony Whereof, I have affixed my signature as Insurance Commissioner in the State of Oklahoma to this Certificate and these letters to be made Patent. John D. Doak John D. Doak John D. Doak			CODY SH	IANE WA	ITS		
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In testimony Whereof, I have affixed my signature as Insurance Commissioner in the State of Oklahoma to this Certificate and these letters to be made Patent.	Insurance Producer	10/05/2017	10/05/2017	10/31/2019		10/05/2017 10/05/2017	
these letters to be made Patent. John D. Doak Insurance Commissioner		××		*	**		
John D. Doak Insurance Commissioner							
Insurance Commissioner					John D	DOAK	
State of Oklahoma Insurance Departmen				State o			
This license shall continue in force until suspended, revoked or terminated.			hell continue in fr			open content	