

State of New Jersey

License No: 3002313139

NPN: 20540816

Department of Banking and Insurance

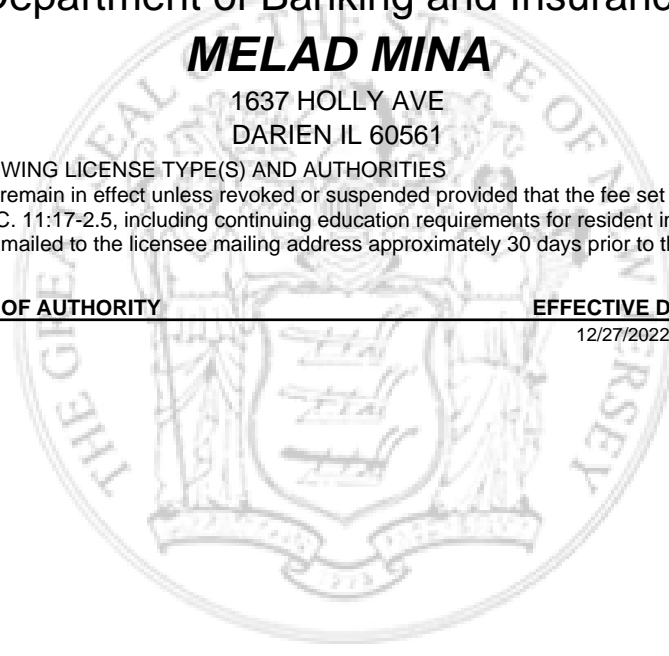
MELAD MINA

1637 HOLLY AVE
DARIEN IL 60561

IS DULY LICENSED WITH THE FOLLOWING LICENSE TYPE(S) AND AUTHORITIES

This insurance license is valid and shall remain in effect unless revoked or suspended provided that the fee set forth in N.J.A.C. 11:17-2.12 is paid and renewal requirements set forth in N.J.A.C. 11:17-2.5, including continuing education requirements for resident individuals, are met by the license expiration date. A renewal notice will be mailed to the licensee mailing address approximately 30 days prior to the license expiration date.

<u>LICENSE TYPE</u>	<u>LINES OF AUTHORITY</u>	<u>EFFECTIVE DATE</u>	<u>EXPIRATION DATE</u>
Insurance Producer	Life	12/27/2022	01/31/2025



A handwritten signature in cursive script, appearing to read "McCaride", is located in the lower right quadrant of the page.

The department maintains an informative website at www.dobi.nj.gov. Please visit this web page for valuable information and forms necessary to maintain compliance with licensing requirements.

Department Contact Information

web site: www.dobi.nj.gov
phone: (609) 292-4337
fax: (609) 984-5263

The request for any change of license information must be sent to the Department within 30 days of the change.

Make any checks and/or money orders payable to: **STATE OF NEW JERSEY, GENERAL TREASURY**

Mailing Address: Department of Banking and Insurance
20 West State Street
P.O. Box 327
Trenton, NJ. 08625-0327

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