	State of Iowa		
License No: 21032307	Insurance License	NPN	I: 21032307
FRAN	K ANTONIO CABA		ity stated below:
LICENSE TYPE LINES OF AUTH		LICENSE	LICENSE
LICENSE TYPE LINES OF AUTH	HORITY LOA EFFECTIVE 01/02/2024	LICENSE EFFECTIVE 01/02/2024	LICENSE EXPIRATION 03/31/2027

FRANK ANTONIO CABALLERO 5701 EAST HILLSBOROUGH AVENUE UNIT 1204

TAMPA FL 33610

State of Iowa

License No: 21032307 Insurance License NPN: 21032307

FRANK ANTONIO CABALLERO

Is licensed to engage in the business of insurance in the State of Iowa in the capacity stated below:

LOA LICENSE LICENSE LINES OF AUTHORITY **EFFECTIVE EFFECTIVE EXPIRATION** LICENSE TYPE DATE DATE DATE 01/02/2024 03/31/2027 Insurance Producer Accident and Health 01/02/2024

DESM

This insurance license shall remain in effect until the expiration date unless suspended, revoked or forfeited. The insurance producer must complete continuing education, renew the license and pay fees as required by 191 lowa Administrative code Chapters 10 and 11 prior to the expiration date.

For questions regarding a license, contact: lowa Insurance Division 515-654-6600 or E-mail: producer.licensing@iid.iowa.gov

Doug Ommen, Insurance Commissioner