FRANK ANTONIO CABALLERO5701 EAST HILLSBOROUGH AVENUE
UNIT 1204

TAMPA FL 33610

State of Oklahoma

Insurance Department

NPN: 21032307

LOA EFFECTIVE

DATE

FRANK ANTONIO CABALLERO

This is to certify that the above named individual is properly licensed in the State of Oklahoma in accordance with the provisions of the Oklahoma Insurance code, and has

FIRST LICENSE LICENSE
LICENSE CLASS ACTIVE EFFECTIVE EXPIRATION LINES OF
DATE DATE AUTHORITY

License No: 3002889358

In testimony Whereof, I have affixed my signature as Insurance Commissioner in the State of Oklahoma to this Certificate and

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This license shall continue in force until suspended, revoked or terminated.

State of Oklahoma

License No: 3002889358 Insurance Department NPN: 21032307

FRANK ANTONIO CABALLERO

This is to certify that the above named individual is properly licensed in the State of Oklahoma in accordance with the provisions of the Oklahoma Insurance code, and has duly met all qualifications as provided by statute to act in the following capacity:

LICENSE CLASS	FIRST ACTIVE DATE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE	LINES OF AUTHORITY	LOA EFFECTIVE DATE
Insurance Producer	01/02/2024	01/02/2024	03/31/2026	Accident & Health or Sickness	01/02/2024
				Life	07/31/2024

In testimony Whereof, I have affixed my signature as Insurance Commissioner in the State of Oklahoma to this Certificate and caused these letters to be made Patent.

Glen Mulready

Insurance Commissioner ¹ State of Oklahoma Insurance

This license shall continue in force until suspended, revoked or terminated.