

STATE OF NEBRASKA

DEPARTMENT OF INSURANCE

INSURANCE AGENCY LICENSE

UNITED AGENCIES, INC.

301 E. COLORADO BLVD. #200
P.O. BOX 7139
PASADENA, CA 91109

DESIGNATED PRODUCER(S)

CONKEY, GARY LEE

267984

NEBRASKA IDENTIFICATION NUMBER

May 1, 2009

DATE ISSUED

Apr 30, 2010

DATE EXPIRES



SIGNED AT LINCOLN, NEBRASKA

Ann M. Frohman

DIRECTOR OF INSURANCE

PRODUCER'S LICENSE

CONKEY, GARY LEE
UNITED AGENCIES, INC.
301 E. COLORADO BLVD #200
PASADENA, CA 91101

State of Nebraska

DEPARTMENT OF INSURANCE


941 O STREET SUITE 400
LINCOLN, NEBRASKA 68508-3639

NOTICE TO LICENSEE:

CHANGE OF BUSINESS AND RESIDENCE ADDRESS

EVERY PERSON LICENSED TO TRANSACT THE BUSINESS OF INSURANCE IN THE STATE OF NEBRASKA SHALL NOTIFY THE DEPARTMENT WITHIN 30 DAYS OF ANY CHANGE OF SUCH PERSON'S BUSINESS OR RESIDENCE ADDRESS. ANY PERSON FAILING TO PROVIDE SUCH NOTIFICATION SHALL BE SUBJECT TO A FINE BY THE DIRECTOR OF NOT MORE THAN FIVE-HUNDRED DOLLARS PER VIOLATION, SUSPENSION OF THE PERSON'S LICENSE UNTIL THE CHANGE OF ADDRESS IS REPORTED TO THE DEPARTMENT OF INSURANCE OR BOTH.

SUCH NOTICE OF CHANGE OF ADDRESS SHALL BE FILED ON THE FORM PRESCRIBED BY THE DIRECTOR OF INSURANCE. CHANGE OF ADDRESS FORMS MAY BE OBTAINED FROM THE NEBRASKA DEPARTMENT OF INSURANCE.

<p>STATE OF NEBRASKA</p> <p>Non-Resident PRODUCER'S LICENSE</p> <p>DEPARTMENT OF INSURANCE</p> <p>THIS IS TO CERTIFY THAT THE PERSON NAMED HEREON IS DULY LICENSED</p> <p>CONKEY, GARY LEE UNITED AGENCIES, INC. 301 E. COLORADO BLVD #200 PASADENA, CA 91101</p> <p>NATIONAL PRODUCER # 934795</p> <p>LICENSE NUMBER AG287994</p> <p><i>L. Tom M... DIRECTOR OF INSURANCE</i></p>	<p>PRODUCER IS AUTHORIZED TO WRITE THE LINES INDICATED BELOW.</p> <p>Property and Casualty</p>  <p>ISSUED Aug 17, 2007</p> <p>EXPIRES Aug 31, 2009</p>
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