	State of New Jers	sey	
License No: 3002814003		NPN: 8641984	
	Department of Banking and	Insurance	
	JONATHAN A PIN	EDA	
	15711 PANTHER LAKE DI WINTER GARDEN FL 3478		
This insurance license is renewal requirements se	TH THE FOLLOWING LICENSE TYPE(S) AND AUTHORITIES valid and shall remain in effect unless revoked or suspended provid t forth in N.J.A.C. 11:17-2.5, including continuing education requirer al notice will be mailed to the licensee mailing address approximatel	nents for resident individuals,	are met by the license
LICENSE TYPE	LINES OF AUTHORITY Accident & Health or Sickness; Life; Variable Life and Variable	EFFECTIVE DATE	EXPIRATION DATE
Insurance Producer	Annuity	11/03/2023	09/30/2025
			Caride

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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