JAMES PAUL TOBIN 179 EAST ROCKS RD NORWALK CT 06851

License No: 714796		ATE OF ALABAMA ARTMENT OF INSURANCE MES PAUL TOBIN	NPN: 15907419	
LICENSE TYPE	LINES OF AUTHORITY	LOA EFFECTIVE DATE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE
Insurance Producer	Life Accident & Health or	01/25/2021 01/25/2021	11/01/2022	10/31/2024
licensed/registere This license shall	d by this state, in the capacity sta remain in effect until the expiration	ad by the State of Alabama, Title 2 ated above, and granted the privile on date unless cancelled, surrende ole renewal fees as required by Ala	ge to act with the ar	uthority of this license ividual licensees mus
Department of Ins	arding a license, contact the Alat urance 334-269-3550 or ensing@insurance.alabama.gov		Mark Tower	3

STATE OF ALABAMA								
License No: 7147	96 DEPARTN	DEPARTMENT OF INSURANCE		NPN: 15907419				
JAMES PAUL TOBIN								
LICENSE TYPE	LINES OF AUTHORITY	LOA EFFECTIVE DATE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE				
Insurance Producer	Life Accident & Health or Sickness	01/25/2021 01/25/2021		10/31/2024				
has fulfilled all of the conditions of eligibility imposed by the State of Alabama, Title 27, Code of Alabama and is hereby licensed/registered by this state, in the capacity stated above, and granted the privilege to act with the authority of this license. This license shall remain in effect until the expiration date unless cancelled, surrendered or revoked. Individual licensees must complete continuing education and pay all applicable renewal fees as required by Alabama administrative code prior to the expiration date.								
Department of Insura	ng a license, contact the Alabama nce 334-269-3550 or sing@insurance.alabama.gov		Mark To Commissioner's	Signature				