State of Maryland Insurance License

License No: 3003849069 NPN: 21693772

BROOKS DENNIS MANSON

2133 BARRINGER LN
MURFREESBORO TN 37128

This is to certify that pursuant to requirements of the Maryland Insurance Code the above named is qualified to do business in the state of Maryland with the authority listed below.

NON-RESIDENT

LICENSE/REGISTRATION	LICENSE ISSUE DATE	LICENSE EXPIRATION DATE	LINE OF AUTHORITY
Insurance Producer	09/15/2025	04/30/2028	Accident and Health or Sickness, Life

This qualification shall remain in effect until the expiration date, unless suspended, revoked or denied. Licensees, Registrants must renew the qualification and pay all applicable fees as required by Maryland Insurance Code prior to the expiration date.

For questions regarding licensing, renewal or continuing education Requirements, contact the Maryland Insurance Administration at 1-888-204-6198 or visit www.insurance.maryland.gov

Marie Grant, Insurance Commissioner
VOID IF ALTERED, NON-TRANSFERABLE

Dear Licensee:

Enclosed is your new license.

Please use your new License number, your name as it appears on your License, and your Social Security or National Producer Number whenever calling or writing to the Maryland Insurance Administration. Any update to the information provided on your original application must be reported to The Maryland Insurance Administration within thirty (30) days of the change.

If applicable, you must remain current on, and comply with all Continuing Education requirements for any License and lines of insurance that you hold. Please see the Maryland CE regulation for details.

Should you have any questions or concerns regarding your Maryland Insurance License, please call our customer service unit at 1-888-204-6198 between 8:00AM and 5:00PM EST Monday through Friday, or write to The Maryland Insurance Administration, Attn: Producer Licensing, 200 St. Paul Place, Suite 2700, Baltimore, MD 21202.

Sincerely,
The Maryland Insurance Administration

200 St. Paul Place, Suite 2700
Baltimore, MD 21202

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