	State of New Jer	rsey	
License No: 216	577	-	NPN: 7326498
	Department of Banking an	d Insurance	
	MARY H GEIG	ER	
This insurance license is renewal requirements se	E & K AGENCY 613 HOPE ROAD P O BOX 600 EATONTOWN NJ 0772 TH THE FOLLOWING LICENSE TYPE(S) AND AUTHORITIES valid and shall remain in effect unless revoked or suspended prov t forth in N.J.A.C. 11:17-2.5, including continuing education requir al notice will be mailed to the licensee mailing address approximation	vided that the fee set forth in N. rements for resident individuals,	are met by the license
LICENSE TYPE Insurance Producer	LINES OF AUTHORITY Accident & Health or Sickness; Casualty; Personal Lines;	EFFECTIVE DATE 02/01/2022	EXPIRATION DATE 01/31/2024
	Property	18 F	

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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