	State of New Jers	sey	
License No: 803	4698	NPN: 7414373	
	Department of Banking and	d Insurance	
	MICHAEL J READL	INGER	
	1821 HIGHWAY 71 WALL NJ 07719-3274	200	
This insurance license is renewal requirements se	TH THE FOLLOWING LICENSE TYPE(S) AND AUTHORITIES a valid and shall remain in effect unless revoked or suspended provident forth in N.J.A.C. 11:17-2.5, including continuing education requires al notice will be mailed to the licensee mailing address approximate	ments for resident individuals,	are met by the license
LICENSE TYPE	LINES OF AUTHORITY	EFFECTIVE DATE	EXPIRATION DATE
	Property	RSEL	
		M	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

MICHAEL J READLINGER

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