	STA	TE OF ALABAMA			
License No: 21	8458 DEPA	RTMENT OF INSURANCE	N	NPN: 4632668	
	DAVI	D ARTHUR WALKE	R		
LICENSE TYPE	LINES OF AUTHORITY	LOA EFFECTIVE DATE		LICENSE EXPIRATION DATE	
Insurance Producer	Casualty Property	03/12/2004 03/12/2004	04/01/2022	03/31/2024	
	5155	1 Jack 1			
	*	St JAD			
	Sal	FLORIDA	N.		
has fulfilled all of t	the conditions of eligibility impose	d by the State of Alabama Title 2	7 Code of Alabama	and is hereby	
licensed/registere This license shall	d by this state, in the capacity sta remain in effect until the expiration ng education and pay all applicab	ted above, and granted the privile in date unless cancelled, surrend	ege to act with the a ered or revoked. Ind	uthority of this license ividual licensees mu	
Department of Ins	arding a license, contact the Alab surance 334-269-3550 or sensing@insurance.alabama.gov		Jim J. Ref. Commissioner's Signat	7. T ure	

## 1807 N BOULEVARD ANDERSON SC 29621-4742

DAVID ARTHUR WALKER PALMETTO INSURANCE

STATE OF ALABAMA								
License No: 2184	58 DEPART	DEPARTMENT OF INSURANCE		NPN: 4632668				
DAVID ARTHUR WALKER								
LICENSE TYPE	LINES OF AUTHORITY	LOA EFFECTIVE DATE	LICENSE EFFECTIVE DATE	LICENSE EXPIRATION DATE				
Insurance Producer	Casualty Property	03/12/2004 03/12/2004 03/12/2004	04/01/2022	03/31/2024				
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 ing@insurance.alabama.gov		Jim T. Commissioner	Ked fing s Signature				