



# State of New Jersey

Department of Banking and Insurance  
20 West State Street  
Trenton, NJ 08625-0327

LICENSE NUMBER  
**1016209**


THIS CERTIFIES THAT **SAMUEL FLEISCHMAN**

AT BUSINESS ADDRESS 2885 SANFORD AVENUE SW  
STE# 27044  
GRANDVILLE, MI 49418

This insurance license is valid and shall remain in effect unless revoked or suspended provided that the fee set forth in N.J.A.C. 11:17-2.12 is paid and renewal requirements set forth in N.J.A.C. 11:17-2.5, including continuing education requirements for resident individuals, are met by the license expiration date. A renewal notice will be mailed to the licensee mailing address approximately 30 days prior to the license expiration date.

IS DULY LICENSED WITH THE FOLLOWING LICENSE TYPE(S) AND AUTHORITIES

LICENSE TYPE	LINES OF AUTHORITY	EFFECTIVE DATE	EXPIRATION DATE
Insurance Producer	LIFE INSURANCE; ACCIDENT, HEALTH OR SICKNESS	01/11/2018	02/29/2020

  
Acting Commissioner of  
Banking and Insurance

printed: 01/24/2018

The Department maintains an informative website at [www.dobi.nj.gov](http://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](http://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