

STATE OF CONNECTICUT - INSURANCE DEPARTMENT



Date Printed: 1/8/2018

LICENSEE: LARISSA AMARAL
PO BOX 532
SCITUATE, MA 02066

Type of License: Producer
License Number: 961398
Status: Non Resident
Effective Date: 2/23/2017
Expired Date: 12/31/2018
Line of Authority: Life, Accident and Health, Credit, Travel

The person, partnership, association or corporation named above, having duly qualified under the laws of this State, is hereby licensed to act within this State as indicated above to transact the kinds of insurance business described in this license.

DBA/Trade Name:
AUTHENTICALLY YOU WELLNESS
LARA

A handwritten signature in blue ink that reads "Katharine L. Wade". The signature is written in a cursive style and is positioned above a horizontal line.

Katharine L. Wade
Insurance Commissioner