




General Lines Agent
Life, Accident, Health and HMO

LARRY GENE MCCLENDON
3939 BELT LINE RD STE 340
ADDISON, TX 75001-4318

is authorized to transact business as described above

License No: 886292 Issue Date: 11-10-1995 Expiration Date: 06-25-2018

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<p>TEXAS DEPARTMENT OF INSURANCE THIS IS TO CERTIFY THAT</p>  <p>LARRY GENE MCCLENDON 3939 BELT LINE RD STE 340, ADDISON, TX 75001-4318</p> <p>LICENSE NUMBER: 886292</p>	<p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p>General Lines Agent Life, Accident, Health and HMO</p> <p>Issue Date: 11-10-1995 Expiration Date: 06-25-2018</p> <p>Generated by Sircon 131811872</p>
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ARTHUR J. GALLAGHER FINANCIAL SERVICES PROFESSIONAL INSURANCE AGENTS
PROFESSIONAL LIABILITY MASTER POLICY

CERTIFICATE OF INSURANCE

THIS CERTIFICATE OF INSURANCE IS ISSUED AS PART OF AND IS INCORPORATED INTO THE ARTHUR J. GALLAGHER FINANCIAL SERVICES PROFESSIONAL INSURANCE AGENTS PROFESSIONAL LIABILITY MASTER POLICY ISSUED BY EVEREST INDEMNITY INSURANCE COMPANY TO ARTHUR J GALLAGHER FIANCIAL SERVICES PROFESSIONAL INSURANCE AGENTS RISK PURCHASING GROUP. ANY COVERAGE FOR THE NAMED INSURED LISTED BELOW AND ITS AFFILIATED INSUREDS IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS SET FORTH BELOW AND IN THE MASTER POLICY, INCLUDING ANY ENDORSEMENTS THERETO.

EVEREST INDEMNITY INSURANCE COMPANY
(hereinafter "Insurer")
477 Martinsville Road
P.O. Box 830 Liberty Corner, NJ 07938-0830

CERTIFICATE NUMBER: FL5SB00913-161 RENEWAL OF:

MASTER POLICY NUMBER: FL5SB00000-161

ITEM 1. NAMED INSURED: LARRY GENE MCCLENDON

ADDRESS: 3939 Belt Line Rd. Ste 340, ADDISON, TX, 75001

ITEM 2. LIMIT OF LIABILITY: \$ 1,000,000 Each Claim
\$ 2,000,000 All Claims

ITEM 3. RETENTION: \$ 500 Each Claim (Life, Accident & Health Products)
\$ 2,500 Each Claim (Fixed and Indexed Annuities & Disability Insurance)
\$ N/A Each Claim (Variable Products or Mutual Funds)

ITEM 4. PENDING OR PRIOR DATE: 05/01/2015

ITEM 5. RETROACTIVE DATE: The inception date of the first Life Insurance Agents Errors And Omissions policy issued to the Agent or General Agent named in Item 1 of the Declarations and continuously renewed and maintained in effect thereafter to the inception date of this policy.

ITEM 6. CERTIFICATE PERIOD: From 05/01/2016 To 05/01/2017
12:01 a.m. Local Time at the Address of the Named Insured Shown in Item 1 above.

ITEM 7. DESCRIPTION OF COVERAGE:

The Certificate Holder listed below is defined as an Insured under this policy. Coverage is solely for the acts of a Life Agent for the sale and servicing of Life, Accident & Health, Disability, Long Term Care Insurance Products and Fixed and Indexed Annuities. There shall be no coverage for the sale or servicing Variable Products and/or Mutual Funds

Claims Made and Reported Policy - Subject to the Policy Provisions. NY - No Policy Aggregate.

ITEM 8. PREMIUM \$ 426 (Excluding Taxes, Fees and Surcharges):

THESE DECLARATIONS, TOGETHER WITH THE ATTACHED MASTER POLICY AND ENDORSEMENT(S) AND THE APPLICATION CONSTITUTE THE POLICY ISSUED TO THE NAMED INSURED.

COUNTERSIGNED _____ 04/04/2016 _____ BY  _____
DATE AUTHORIZED REPRESENTATIVE