


## Licensee Detail

Name <b>FERNANDEZ, ALEX THOR</b>	Business Type <b>Individual</b>	License No. <b>1054539</b>	E-Mail <b>alex@axisinsurance.com</b>	Home State <b>California (Non Resident)</b>
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Class	Status	Status Date	Eff. Date	Exp. Date	Licensed Since	Ren Eff. Date	Ren Exp. Date
 LIFE/ACCIDENT AND HEALTH AGENT	Inactive	01/20/2010	01/20/2010	01/10/2012	01/20/2010		



**LIFE/ACCIDENT AND HEALTH AGENT - Address**

<b>ADDRESS TYPE</b>	<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>PHONE#</b>
Mailing Add	PO BOX 4064	HUNTINGTON BEACH	California	92605	
Business Add	18430 BROOKHURST ST,201H	FOUNTAIN VALLEY	California	92708	(714)962-8335

**LIFE/ACCIDENT AND HEALTH AGENT - LOA****LINE**

Life  
Accident and Health

**LIFE/ACCIDENT AND HEALTH AGENT - Active Company Appointment Section**

<b>NAIC#</b>	<b>NAME</b>	<b>APP. DATE</b>	<b>TERM. DATE</b>
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**LIFE/ACCIDENT AND HEALTH AGENT - Terminated Company Appointment Section**

<b>NAIC#</b>	<b>NAME</b>	<b>APP. DATE</b>	<b>TERM. DATE</b>
55107	Excellus Health Plan, Inc.	09/28/2007	01/10/2010

**LIFE/ACCIDENT AND HEALTH AGENT - Current Sublicensee Section**

