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Licensees shall report any change in contact information to the Bureau within 30 calendar days at [www.sircon.com/virginia](http://www.sircon.com/virginia).

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**Producer**  
Title

**LUKE CUMMINGS BACIGALUPO**  
 425 MASSACHUSETTS AVE NW APT 801  
 WASHINGTON, DC 20001-7627


**is authorized to transact business as described above**

License No: 1209808

Issue Date: 10-06-2021

Expiration Date: 08-31-2025

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<p>COMMONWEALTH OF VIRGINIA BUREAU OF INSURANCE THIS IS TO CERTIFY THAT</p>  <p><b>LUKE CUMMINGS BACIGALUPO</b>        425 MASSACHUSETTS AVE NW APT 801, WASHINGTON,        DC 20001-7627</p> <p>LICENSE NUMBER: 1209808</p>	<p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS        IN ACCORDANCE TO THE LICENSE DESCRIPTION        SHOWN BELOW:</p> <p><b>Producer</b> Title</p> <p>Issue Date: 10-06-2021      Expiration Date: 08-31-2025</p> <p>Generated by Sircon 301188058</p>
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