



COMMONWEALTH OF VIRGINIA
BUREAU OF INSURANCE

JACQUELINE K. CUNNINGHAM
COMMISSIONER OF INSURANCE
STATE CORPORATION
COMMISSION

BUREAU OF INSURANCE
P. O. BOX 1157

RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9631
TDD/VOICE: (804) 371-9206

WWW.SCC.VIRGINIA.GOV/DIVISION/BOI

Licensees shall report to the Bureau within 30 days any change in residence at www.sircon.com/virginia or at www.nipr.com.

The licensee is entitled to be appointed as an agent to transact the business of insurance on behalf of Virginia licensed insurers pursuant to Title 38.2 of the Code of Virginia.

This license is perpetual and in effect from its issue date unless surrendered, terminated, suspended, revoked, or an expiration date is noted.

Nonresidents only: This license is limited to the authority granted by the licensee's home state.

Producer
Title

JOSEPH GENTILE
129 WOOTTON OAKS COURT
ROCKVILLE , MD 20852

is authorized to transact business as described above

License No: 553666

Issue Date: 02-22-2011

Expiration Date:

Generated by Sircon 53541608

<p>COMMONWEALTH OF VIRGINIA BUREAU OF INSURANCE</p> <p>THIS IS TO CERTIFY THAT</p> <div data-bbox="573 1045 747 1218" data-label="Image"></div> <p>JOSEPH GENTILE 129 WOOTTON OAKS COURT , ROCKVILLE , MD 20852</p> <p>LICENSE NUMBER: 553666</p>	<p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p>Producer Title</p> <p>Issue Date: 02-22-2011</p> <p>Generated by Sircon 53541608</p> <p>Expiration Date:</p>
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Producer
Title

CATHERINE E SCHMITT
5335 WISCONSIN AVENUE NW
SUITE 700
WASHINGTON, DC 20015

is authorized to transact business as described above

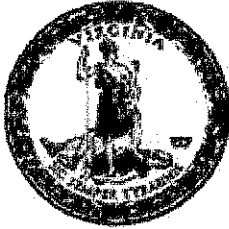
License No: 798655

Issue Date: 03-08-2011

Expiration Date:

Generated by Sircon 54048597

<p>COMMONWEALTH OF VIRGINIA BUREAU OF INSURANCE</p>		<p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p>
<p>THIS IS TO CERTIFY THAT</p>	<p>CATHERINE E SCHMITT 5335 WISCONSIN AVENUE NW, SUITE 700, WASHINGTON, DC 20015</p>	<p>Producer Title</p>
<p>LICENSE NUMBER: 798655</p>	<p>Issue Date: 03-08-2011</p>	<p>Generated by Sircon 54048597 Expiration Date:</p>



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Producer
Title

JACLYN MARIE KURZ
12 MOONLIGHT TRAIL CT
SILVER SPRING , MD 20906-6703

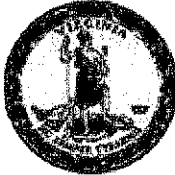
is authorized to transact business as described above

License No: 540214

Issue Date: 10-26-2010

Expiration Date:

Generated by Sircon 58031165

<p>COMMONWEALTH OF VIRGINIA BUREAU OF INSURANCE</p> <p>THIS IS TO CERTIFY THAT</p> <p>JACLYN MARIE KURZ 12 MOONLIGHT TRAIL CT , SILVER SPRING , MD 20906-6703</p> <p>LICENSE NUMBER: 540214</p>	<p></p> <p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p>Producer Title</p> <p>Issue Date: 10-26-2010</p> <p>Generated by Sircon 58031165</p> <p>Expiration Date:</p>
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Licensees shall report to the Bureau within 30 days any change in residence at www.scc.virginia.gov/voif/online.aspx

A producer licensee is entitled to be appointed as an agent to transact the business of insurance on behalf of Virginia licensed insurers pursuant to Title 38.2 of the Code of Virginia.

This license is perpetual and is in effect from its issue date unless surrendered, terminated, suspended, revoked or an expiration date is noted.

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Producer Title

STEPHANIE NICOLE DUDLEY
COUNSELORS TITLE, LLC
7910 WOODMONT AVE SUITE 1350
BETHESDA , MD 20814

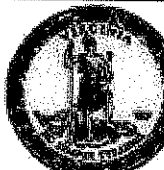
is authorized to transact business as described above

License No: 848255

Issue Date: 08-31-2012

Expiration Date:

Generated by Sircon 79856829

<p>COMMONWEALTH OF VIRGINIA BUREAU OF INSURANCE</p> <p>THIS IS TO CERTIFY THAT</p>  <p>STEPHANIE NICOLE DUDLEY COUNSELORS TITLE, LLC , 7910 WOODMONT AVE SUITE 1350 , BETHESDA , MD 20814</p> <p>LICENSE NUMBER: 848255</p>	<p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p>Producer Title</p> <p>Issue Date: 08-31-2012</p> <p>Generated by Sircon 79856829</p> <p>Expiration Date:</p>
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Commonwealth of Virginia
State Corporation Commission

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Bureau of Insurance

Producer Details

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Agent License Information

Name SARITTA VERONESI
 City ALEXANDRIA
 State VA
 Zip 22309
 State of Residency Virginia
 Producer Status Active
 Virginia License Number 537319
 NPN (National Producer Number) 7112354

License(s) Detail

License	License Status	Effective Date	Expiration Date*
Producer	Active	10/12/2005	
	Qualification	Status	Effective Date
	Title	Active	10/12/2005

* If the Expiration Date field is blank, the license is perpetual and shall be effective from its date of issue, and shall remain in effect until surrendered, terminated, canceled, suspended, or revoked. Resident producer licenses will be terminated when failing to meet Virginia Continuing Education requirements by December 31 of every even-numbered year. Nonresident producer licenses will be terminated when the producer is no longer licensed in his/her home state or when failing to pay the statutorily required \$15 continuance fee by December 31 of every

even-numbered year. Visit www.virginiainsurancece.com to pay the continuance fee and to review additional continuing education information.


Active Appointment Information

	Appointment Type	Effective Date	Company Affiliation	Company Number
View Company	Title	11/26/2012	FIRST AMERICAN TITLE INSURANCE COMPANY	50814
View Company	Title	1/13/2014	WESTCOR LAND TITLE INSURANCE COMPANY	50050

Application Information

Application Type	Date Received	License Type	Status Date	Status
Add Qualification	11/13/2008	Producer	12/17/2008	Approved

Need additional information? Contact sccinfo@scc.virginia.gov Website questions? Contact: webmaster@scc.virginia.gov

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