



**Louisiana Department of Insurance**  
**Timothy J. Temple**  
**Commissioner**

Run: 11/28/2024 1:13 PM

## VERIFICATION OF LICENSE STATUS

**License Number:** 678581  
**Name:** Ernest Ralph Corkern  
**NPN:** 17793469  
**Business Address:** 631 Lakeland East Dr  
Ste C  
Flowood, MS 39232  
**Business Phone:** (985) 335-8147  
**Trade Name(s):**  
**Residency:** Resident

### Lines of Authority

Producer			
Authority	Effective Date	Valid Through	Status
Life	12/02/2015	12/31/2019	Cancelled

### Company Appointments

Name	NAIC #	Lines	Issue Date	Status	Inactive Date
------	--------	-------	------------	--------	---------------

### Affiliations

Name	Position	Effective Date
------	----------	----------------