



Rick Sigler

Licensed Medicare Agent

586-713-5813 – Personal Cell

586-300-5017 – Recorded Medicare Secure Line

ricks@grifcon.com

<https://www.planenroll.com/?purl=RICK-SIGLER>





Healthcare Experts Since 1988

Rick Sigler

President

ricks@grifcon.com

www.grifcon.com

[9864 E Grand River, 110-324 | Brighton, MI 48116](http://9864EGrandRiver110-324BrightonMI48116)

Licenses and Certifications

- Licensed Life and Health Agent – MI, IN, OH, WI
- Medicare AHIP Certified - annually
- Fraud and Abuse Training
- 24 Hours CE's – every two years
- Griffin is a Licensed Agency



State of Michigan

Department of Insurance and Financial Services

The licensee has fulfilled the requirements of Public Act 218 of 1956 as amended. This license is granted by the Director of the Department of Insurance and Financial Services to engage in the business of Insurance as stated on this license, subject to all applicable laws, regulations and rules.

SYSTEM ID: 1224901

LICENSE: Resident Producer

NPN: 20830319

EFFECTIVE: 08-24-2023

SIGLER, RICK A
11321 SANDY CREEK DR
5867135813
SOUTH LYON, MI 48178

QUALIFICATIONS

Accident and Health	08-24-2023
Life	08-24-2023

CONTINUING EDUCATION REVIEW DATE:01-01-2025
and every two years thereafter.



State of Michigan

Department of Insurance and Financial Services

The licensee has fulfilled the requirements of Public Act 218 of 1956 as amended. This license is granted by the Director of the Department of Insurance and Financial Services to engage in the business of Insurance as stated on this license, subject to all applicable laws, regulations and rules.

SYSTEM ID:0146621

LICENSE: Resident Producer

NPN = 210 33966

EFFECTIVE: 01-02-2024

THE GRIFFIN CONSULTING GROUP, INC.
9864 E GRAND RIVER
SUITE 110-324
BRIGHTON, MI 48116

Tax ID: 38-2965498

QUALIFICATIONS

Accident and Health	01-02-2024
Life	01-02-2024

Business Entity must retain an active Designated Responsible Licensed Producer (DRLP) at all times to continue this license. Failure to do so will cause inactivation of the license.

Certificate of Achievement



RICK SIGLER

has successfully completed the course

2025 Medicare + Fraud, Waste, and Abuse Training

A handwritten signature in black ink that reads "Gregory Dean".

Gregory Dean
Vice President, Curriculum Development

Learn. Achieve. Succeed.

AHIP.org/Courses

Completion Date: August 7, 2024

ID Code: WVBF86SYM3

STATE OF MICHIGAN
Department of Insurance and Financial Services

CE Course Completion Certificate

*This certifies that RICK SIGLER
has successfully completed the course requirements for:
2025 MEDICARE ADVANTAGE & PART D PLAN TRAINING*

System ID: 1224901
Course Number: 91067
Number of Credits: 6
Date of Course Completion: 8/7/2024
Type: Accident & Health

Provider Name: AMERICA'S HEALTH INSURANCE PLANS
Provider Number: 0756
Address: C/O GREENLIGHT CE PARTNERS
805 BUCK COURT
ERLANGER, KY 41018 US
Phone Number: (859) 250-7838

Authorized Provider Official:
Date:
8/8/2024

Mark Laake



Authorized Training Representative

As required by the Michigan Insurance Code, the credit hours and required fees will be reported to the State by this education provider. Providers have 30 days from the date of the course completion to comply with this requirement. This certificate is for your records only; retain this completion certificate until such time that your current review period has expired.



TRAINING CERTIFICATE OF COMPLETION

Rick A Sigler

NPN: 20830319

SUCCESSFULLY COMPLETED COURSE

ANTI-MONEY LAUNDERING FOR THE INSURANCE INDUSTRY

COMPLETION DATE

12/12/2023

Course ID: SB-AML00001

ID: 1732977

COURSE PROVIDED BY

SuranceBay

6501 Congress Ave, Suite 240
Boca Raton, FL 33487
877-264-6888, www.surancebay.com



Authorized signature of provider official:
Yakov Fain, Senior Project Lead



**MICHIGAN CERTIFICATE OF COMPLETION
FOR CONTINUING EDUCATION**

Name of Producer RICK A SIGLER

License/System ID # 1224901

Street Address 9864 E Grand River Suite 110-324 State MI Zip 48116

Course Title UIECE 8-Hour Partnership Long Term Care Policies 2021

Course ID Number 88048 Credit Hours 8 LTC Partnership

Provider Name **United Insurance Educators, Inc.** Number **0661**

Date Course Completed 01/04/2024

Date Credits Reported 01/04/2024



I, Cassandra Jenkins, do hereby certify that the above student has successfully completed the course.

Cassandra Jenkins
Signature of Authorized Training Representative Date 01/04/2024



Thank you

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