



CONTINUING EDUCATION CERTIFICATE OF COURSE COMPLETION (PRODUCER)

NOTICE TO PROVIDER:

Retain a list (for each course) containing at least the following information: 1) Provider, 2) Location, 3) Course Title, 4) MO Course Number, 5) Date Course Completed, 6) Number of C.E.C. hours earned, 7) Names of Producers, 8) Residence Address and 9) National Producer Number (NPN)/License Number.


The provider must complete the Certificate of Course Completion. The student must not complete any part of the Certificate of Course Completion.

In order to upload continuing education rosters through Missouri's electronic database, State-Based Systems, you must collect the National Producer Number (NPN) of each student.

Provider should retain this information for four (4) years following completion of course.

NOTICE TO PRODUCER:

Keep this certificate for record verification. **DO NOT SEND THIS FORM TO THE DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION.** After you have fulfilled ALL the Continuing Education Credit (C.E.C.) hours, complete the Continuing Education Certification Summary and submit to the MO Dept. of Insurance, Financial Institutions and Professional Registration with your producer renewal.

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| NAME OF PRODUCER | | NATIONAL PRODUCER NUMBER (NPN)/ LICENSE NUMBER | |
| RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP CODE) | | | |
| COURSE PROVIDER Mo-Kan Insurance Services, Inc. | | | |
| COURSE TITLE Suitability of Single Premium Life | | | |
| MISSOURI COURSE NUMBER LH10001272 | | DATE COURSE COMPLETED | |
| NUMBER OF C.E.C. HOURS EARNED 1 | LOCATION | | |
| SIGNATURE OF AUTHORIZED PROVIDER REPRESENTATIVE  | | | DATE |

**THIS FORM IS FOR PRODUCER RECORD
 KEEP THIS FORM IN YOUR FILE FOR FUTURE VERIFICATION**