MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION LICENSING SECTION

P.O. BOX 690 JEFFERSON CITY, MO 65102-0690

CONTINUING EDUCATION CERTIFICATE OF COURSE COMPLETION (PRODUCER)

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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.

NAME OF PRODUCER			NATIONAL PRODUCER NUMBER (NPN)/ LICENSE NUMBER		
RESIDENCE ADDRESS (STREET, CITY, STATE, ZI	P CODE)				
COURSE PROVIDER					
Mo-Kan Insurance Services, Inc.					
COURSE TITLE		<u>, , , , , , , , , , , , , , , , , , , </u>			
Suitability #101					
MISSOURI COURSE NUMBER		DATE COURSE COMP	DATE COURSE COMPLETED		
LH00050519					
NUMBER OF C.E.C. HOURS EARNED	LOCATION				
2					
SIGNATURE OF AUTHORIZED PROVIDER REPRESENTATIVE			DATE		
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KEEPTH		R PRODUCER RECORD			