

**CALIFORNIA  
PRE-LICENSING CERTIFICATE OF COMPLETION**

**Student:** Elizabeth Ruiz  
**Address:** 1484 East Highland Court  
Ontario, CA 91764

**Social Security Number:** xxx-xx-5667


**Provider:** A.D. Banker & Company, L.L.C.      **Provider Number:** 20530  
7311 W 130<sup>th</sup> St #160, Overland Park, KS 66213  
**Phone:** 800-866-2468  
**Online:** www.adbanker.com

Start Date	End Date	Course Title	Course #	Credit Hours
11/16/15	3/09/16	Life & Health Licensing Course	274270	40

I certify that I personally have completed the above course(s)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Presenter/Provider Signature

Laurie Coe  
\_\_\_\_\_  
Presenter/Provider Name

3/09/16  
\_\_\_\_\_  
Date

**WARNING: SUBMITTING A FALSE OR FRAUDULENT CERTIFICATE OF COMPLETION TO THE INSURANCE COMMISSIONER MAY SUBJECT ANY LICENSE APPLICATION TO DENIAL, AND ANY ISSUED LICENSE TO SUSPENSION OR REVOCATION.**

This original Certificate of Completion must be submitted to the California Department of Insurance along with your application for a license. You must retain and keep a copy of your certificate in your files for at least five years.