

**CALIFORNIA
PRE-LICENSING CERTIFICATE OF COMPLETION**

Student: Kathleen Luna
Address: 1863 Rock Ln
Laverne, CA 91750

Social Security Number: xxx-xx-6353


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

Start Date	End Date	Course Title	Course #	Credit Hours
11/17/15	12/29/15	Life & Health Licensing Course	274270	40
11/17/15	12/29/15	CA Ethics & Code Course	274268	12

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

Student Signature

Date



Presenter/Provider Signature

Laurie Coe

Presenter/Provider Name

Date

12/29/15

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.