

Certificate of Completion

Continuing Education for Nebraska Agents, Brokers, and Consultants
Neb. Rev. Stat. 44-3901 through 44-3908

Arthur Jetter 506-64-2374

 Name of agent, broker, consultant Social Security Number

13624 Parker Circle, Omaha NE 68154

 Street Address City State Zip Code

Course Title: An In Depth Look at LTC Partnership Plans
 Number of credit hours earned _____

<input type="checkbox"/> Life	<input type="checkbox"/> Crop
<input type="checkbox"/> Sickness/Accident/Health	<input type="checkbox"/> Title
<input type="checkbox"/> Variable Contracts	<input type="checkbox"/> Fidelity & Surety
<input type="checkbox"/> Property/Casualty	<input type="checkbox"/> General
<input type="checkbox"/> Life & Health	<input type="checkbox"/> Ethics
<input checked="" type="checkbox"/> 8 Health	

Date of Course 09/16/2007

Nebraska course identification number: SS15206

Name of sponsor: Mutual of Omaha Companies

Training course as approved by the Nebraska Department of Insurance pursuant to 44-3905.

I hereby certify that the individual named herein has successfully completed the above-mentioned course.

09/16/2007

 Date

DEPT OF INSURANCE
OCT 15 2007
15 CREDIT HOURS APPROVED
Stephanie Pombrio

 Signature of Authorized Training Representative

Please Read Carefully

Only Department of Insurance Form DOI-8CC, Certificate of Completion, will be accepted as evidence of completion of an approved course.

The agent, broker, or consultant must submit his or her **original** Certificate(s) of Completion only after **all** the credit hours required have been earned for the most recent two-year period. The Certificate(s) of Completion should be mailed to the department of Insurance, 941 "O" Street, Suite 400, Lincoln, NE 68508.

The Certificate(s) of Completion will be returned to the licensee's business address either approved or disapproved. The licensee must maintain the Certificate(s) of Completion for the most recent four-year period.

Pursuant to the passage of LB583, a check in the amount of \$5.00 must accompany the Certificate(s) of Completion when submitted to the Department.

DOI-8CC 8-1993

RECEIVED
OCT 12 2007
NEBRASKA DEPARTMENT
OF INSURANCE