

**CONTINUING EDUCATION CERTIFICATE OF COMPLETION
FOR INDIANA INSURANCE PRODUCERS, ADJUSTERS,
NAVIGATORS, AND BAIL/RECOVERY AGENTS**

INDIVIDUAL NAME: WILLIAM J HARTMAN

1805950
License Number

10-31-2018
Expiration Date

I, _____ do hereby certify that the individual named above has completed the following course which has been approved by the Indiana Department of Insurance pursuant to IC 27-1-15.7; IC 27-1-28; IC 27-19-4; or IC 27-10-3.

Course Title: BACKGROUND AND TRENDS IN DENTAL INSURANCE

Number of credit hours received: 1.0

Course completion date: 04-16-2018

Indiana Course Identification Number: 28003

Name of Course Provider: THE DENTAL CARE PLUS GROUP

04-18-2018
Date Signed

Signature of Contact Person/Instructor

Do not send Certificates of Completion to the Department unless requested.

Individual must maintain original Certificate of Completion for two years following license renewal for audit purposes.

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The preferred renewal payment is electronic by going to www.sircon.com/indiana and clicking on "Renew a License." The alternate payment method is by mailing a check or money order made payable to the Indiana Department of Insurance. The renewal notice and payment of renewal fee must be mailed to 311 W. Washington St, Indianapolis, IN 46204- 2787.

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INDIVIDUAL NAME: RYAN R STONEBURNER

414775
License Number

08-31-2018
Expiration Date

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Name of Course Provider: THE DENTAL CARE PLUS GROUP

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INDIVIDUAL NAME: MICHAEL P MCCARTHY _____

865738

License Number

Expiration Date

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INDIVIDUAL NAME: GREGORY E MACDONALD

405198

License Number

Expiration Date

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INDIVIDUAL NAME: BRIETTA WILLIAMS

990228

License Number

Expiration Date

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INDIVIDUAL NAME: AVA M LILLMARS

2275900
License Number

Expiration Date

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INDIVIDUAL NAME: JOYCE A LOTHAMER

2167120

License Number

Expiration Date

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INDIVIDUAL NAME: JULIANNE T ELEY

423336

License Number

Expiration Date

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INDIVIDUAL NAME: BARBARA J WRIGHT

453695

License Number

Expiration Date

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INDIVIDUAL NAME: SYDNEY S CAMPBELL

2123550

License Number

Expiration Date

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INDIVIDUAL NAME: KATHLEEN M GOFFER

1201350

License Number

Expiration Date

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INDIVIDUAL NAME: MARJORIE JOANN WALTER _____

442581

License Number

Expiration Date

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