



*Agents National Title  
Insurance Company*

## *Certificate of Course Completion*


Name of Producer Carrie Armentrout	License or Social Security Number PR177835
Residence Address (Street, City, State, Zip Code) 6201 College Blvd, Ste 210, Overland Park KS 66211	
Course Provider Agents National Title Insurance Company	
Course Title Escrow Accounting, Reconciliation, and Review	
Missouri Course Number TI 00081833	Date Course Completed 12/3/2008
Number of C.E.C. Hours Earned 1 Credit Hour	Location Webinar: Hosted by Agents National Title Insurance
Signature of Authorized Provider Representative 	Date March 17, 2009

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer Elizabeth Arnold	License or Social Security Number PR362044
Residence Address (Street, City, State, Zip Code) 2 N Delaware, Butler MO 64730	
Course Provider Agents National Title Insurance Company	
Course Title Escrow Accounting, Reconciliation, and Review	
Missouri Course Number TI 00081833	Date Course Completed 12/3/2008
Number of C.E.C. Hours Earned 1 Credit Hour	Location Webinar: Hosted by Agents National Title Insurance
Signature of Authorized Provider Representative 	Date March 17, 2009

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*

Name of Producer <b>Diane Austin</b>	License or Social Security Number <b>PR336213</b>
Residence Address (Street, City, State, Zip Code) <b>PO BOX 6, Greenfield MO 65661</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Susan Becker</b>	License or Social Security Number <b>PR400266</b>
Residence Address (Street, City, State, Zip Code) <b>400 N Washington Ste 118, Farmington MO 63640</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*

<small>Name of Producer</small> Kathryn Benk	<small>License or Social Security Number</small> PR235463
<small>Residence Address (Street, City, State, Zip Code)</small> 119 N 2 <sup>nd</sup> St, PO BOX 158, Ozark MO 65721	
<small>Course Provider</small> Agents National Title Insurance Company	
<small>Course Title</small> Escrow Accounting, Reconciliation, and Review	
<small>Missouri Course Number</small> TI 00081833	<small>Date Course Completed</small> 12/3/2008
<small>Number of C.E.C. Hours Earned</small> 1 Credit Hour	<small>Location</small> Webinar: Hosted by Agents National Title Insurance
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> March 17, 2009

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Eric Blume</b>	License or Social Security Number <b>PR127801</b>
Residence Address (Street, City, State, Zip Code) <b>3200 Penn Terrace, Columbia MO 65202</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Verna Bohnert</b>	License or Social Security Number <b>PR148941</b>
Residence Address (Street, City, State, Zip Code) <b>21 S Main, Perryville MO 63775</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


<small>Name of Producer</small> Crystal Boyer	<small>License or Social Security Number</small> PR351589
<small>Residence Address (Street, City, State, Zip Code)</small> 110 W 7 <sup>th</sup> Street, PO BOX C, Cassville MO 65625	
<small>Course Provider</small> Agents National Title Insurance Company	
<small>Course Title</small> Escrow Accounting, Reconciliation, and Review	
<small>Missouri Course Number</small> TI 00081833	<small>Date Course Completed</small> 12/3/2008
<small>Number of C.E.C. Hours Earned</small> 1 Credit Hour	<small>Location</small> Webinar: Hosted by Agents National Title Insurance
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> March 17, 2009

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


<small>Name of Producer</small> Suzanne Brennan	<small>License or Social Security Number</small> PR209769
<small>Residence Address (Street, City, State, Zip Code)</small> 1861 Craig Rd, St. Louis MO 63146	
<small>Course Provider</small> Agents National Title Insurance Company	
<small>Course Title</small> Escrow Accounting, Reconciliation, and Review	
<small>Missouri Course Number</small> TI 00081833	<small>Date Course Completed</small> 12/3/2008
<small>Number of C.E.C. Hours Earned</small> 1 Credit Hour	<small>Location</small> Webinar: Hosted by Agents National Title Insurance
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> March 17, 2009

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


<small>Name of Producer</small> Michael Chaligoj	<small>License or Social Security Number</small> PR284784
<small>Residence Address (Street, City, State, Zip Code)</small> 2985 Kanell Blvd, Cripple Creek Mall, Poplar Bluff MO 63901	
<small>Course Provider</small> Agents National Title Insurance Company	
<small>Course Title</small> Escrow Accounting, Reconciliation, and Review	
<small>Missouri Course Number</small> TI 00081833	<small>Date Course Completed</small> 12/3/2008
<small>Number of C.E.C. Hours Earned</small> 1 Credit Hour	<small>Location</small> Webinar: Hosted by Agents National Title Insurance
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> March 17, 2009

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Tamra Chumley</b>	License or Social Security Number <b>PR226139</b>
Residence Address (Street, City, State, Zip Code) <b>4655 Hampton Ave, St. Louis MO 63109</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


<small>Name of Producer</small> Tammie Collier	<small>License or Social Security Number</small> PR266321
<small>Residence Address (Street, City, State, Zip Code)</small> 400 N Washington, Ste 118, Farmington MO 63640	
<small>Course Provider</small> Agents National Title Insurance Company	
<small>Course Title</small> Escrow Accounting, Reconciliation, and Review	
<small>Missouri Course Number</small> TI 00081833	<small>Date Course Completed</small> 12/3/2008
<small>Number of C.E.C. Hours Earned</small> 1 Credit Hour	<small>Location</small> Webinar: Hosted by Agents National Title Insurance
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> March 17, 2009

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Charity Collins</b>	License or Social Security Number <b>PR273529</b>
Residence Address (Street, City, State, Zip Code) <b>600 N Main, Mt. Grove MO 65711</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*

Name of Producer <b>Philip Corse</b>	License or Social Security Number <b>PR179511</b>
Residence Address (Street, City, State, Zip Code) <b>400 N Washington Ste 118, Farmington MO 63640</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Jennifer Daller</b>	License or Social Security Number <b>PR343191</b>
Residence Address (Street, City, State, Zip Code) <b>1861 Craig Rd, St. Louis MO 63146</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Patsy Davis</b>	License or Social Security Number <b>PR180287</b>
Residence Address (Street, City, State, Zip Code) <b>204 E 5<sup>th</sup> St, Fulton MO 65251</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Ramona Dearmond</b>	License or Social Security Number <b>PR321924</b>
Residence Address (Street, City, State, Zip Code) <b>3500 Bagness Dam Blvd, PO BOX 971, Lake Ozark MO 65049</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Dava Dull</b>	License or Social Security Number <b>PR183759</b>
Residence Address (Street, City, State, Zip Code) <b>PO BOX 526, Osceola MO 64776</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*

<small>Name of Producer</small> Mary Jo Edmiston	<small>License or Social Security Number</small> PR101501
<small>Residence Address (Street, City, State, Zip Code)</small> 601 E Broadway Ste 102, Columbia MO 65203	
<small>Course Provider</small> Agents National Title Insurance Company	
<small>Course Title</small> Escrow Accounting, Reconciliation, and Review	
<small>Missouri Course Number</small> TI 00081833	<small>Date Course Completed</small> 12/3/2008
<small>Number of C.E.C. Hours Earned</small> 1 Credit Hour	<small>Location</small> Webinar: Hosted by Agents National Title Insurance
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> March 17, 2009

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Patricia Fitzgerald</b>	License or Social Security Number <b>PR408791</b>
Residence Address (Street, City, State, Zip Code) <b>10009 Office Cetner Ave, Ste 105, St. Louis MO 63128</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Vicky Fox</b>	License or Social Security Number <b>PR368275</b>
Residence Address (Street, City, State, Zip Code) <b>600 N Main, Mt. Grove MO 65711</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Jamie Gardner</b>	License or Social Security Number <b>PR217575</b>
Residence Address (Street, City, State, Zip Code) <b>1861 Craig Rd, St. Louis MO 63146</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


<small>Name of Producer</small> Anthony Grace	<small>License or Social Security Number</small> PR271855
<small>Residence Address (Street, City, State, Zip Code)</small> 4655 Hampton Ave, St. Louis MO 63109	
<small>Course Provider</small> Agents National Title Insurance Company	
<small>Course Title</small> Escrow Accounting, Reconciliation, and Review	
<small>Missouri Course Number</small> TI 00081833	<small>Date Course Completed</small> 12/3/2008
<small>Number of C.E.C. Hours Earned</small> 1 Credit Hour	<small>Location</small> Webinar: Hosted by Agents National Title Insurance
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> March 17, 2009

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


<small>Name of Producer</small> Tracy Graham	<small>License or Social Security Number</small> PR105026
<small>Residence Address (Street, City, State, Zip Code)</small> 3500 Bagnell Dam Blvd, PO BOX 971, Lake Ozark MO 65049	
<small>Course Provider</small> Agents National Title Insurance Company	
<small>Course Title</small> Escrow Accounting, Reconciliation, and Review	
<small>Missouri Course Number</small> TI 00081833	<small>Date Course Completed</small> 12/3/2008
<small>Number of C.E.C. Hours Earned</small> 1 Credit Hour	<small>Location</small> Webinar: Hosted by Agents National Title Insurance
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> March 17, 2009

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Christie Greenway</b>	License or Social Security Number <b>PR409126</b>
Residence Address (Street, City, State, Zip Code) <b>217 College Ave, PO BOX 68, Kennett MO 63857</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*

<small>Name of Producer</small> James Gregory	<small>License or Social Security Number</small> PR361164
<small>Residence Address (Street, City, State, Zip Code)</small> 4655 Hampton Ave, St. Louis MO 63109	
<small>Course Provider</small> Agents National Title Insurance Company	
<small>Course Title</small> Escrow Accounting, Reconciliation, and Review	
<small>Missouri Course Number</small> TI 00081833	<small>Date Course Completed</small> 12/3/2008
<small>Number of C.E.C. Hours Earned</small> 1 Credit Hour	<small>Location</small> Webinar: Hosted by Agents National Title Insurance
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> March 17, 2009

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*

<small>Name of Producer</small> Tricia Hackmann	<small>License or Social Security Number</small> PR298571
<small>Residence Address (Street, City, State, Zip Code)</small> 610 E Cherry St, Troy MO 63379	
<small>Course Provider</small> Agents National Title Insurance Company	
<small>Course Title</small> Escrow Accounting, Reconciliation, and Review	
<small>Missouri Course Number</small> TI 00081833	<small>Date Course Completed</small> 12/3/2008
<small>Number of C.E.C. Hours Earned</small> 1 Credit Hour	<small>Location</small> Webinar: Hosted by Agents National Title Insurance
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> March 17, 2009

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Kimberly Harris</b>	License or Social Security Number <b>PR377664</b>
Residence Address (Street, City, State, Zip Code) <b>114 W 7<sup>th</sup> St, PO BOX 427, Cassville MO 65625</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Kimberly Haver</b>	License or Social Security Number <b>PR175697</b>
Residence Address (Street, City, State, Zip Code) <b>PO BOX 587, Stockton MO 65785</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*

Name of Producer <b>Nancy Heavrin</b>	License or Social Security Number <b>PR401312</b>
Residence Address (Street, City, State, Zip Code) <b>401 E 5<sup>th</sup> St, PO BOX 1030, Mountain View MO 65548</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Roxanne Herren</b>	License or Social Security Number <b>PR193177</b>
Residence Address (Street, City, State, Zip Code) <b>4655 Hampton Ave, St. Louis MO 63109</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*

<small>Name of Producer</small> Joann Horst	<small>License or Social Security Number</small> PR318037
<small>Residence Address (Street, City, State, Zip Code)</small> 610 E Cherry St, Troy MO 63379	
<small>Course Provider</small> Agents National Title Insurance Company	
<small>Course Title</small> Escrow Accounting, Reconciliation, and Review	
<small>Missouri Course Number</small> TI 00081833	<small>Date Course Completed</small> 12/3/2008
<small>Number of C.E.C. Hours Earned</small> 1 Credit Hour	<small>Location</small> Webinar: Hosted by Agents National Title Insurance
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> March 17, 2009

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*

<small>Name of Producer</small> William Hughes	<small>License or Social Security Number</small> PR167993
<small>Residence Address (Street, City, State, Zip Code)</small> 601 E Broadway, Ste 102, Columbia MO 65203	
<small>Course Provider</small> Agents National Title Insurance Company	
<small>Course Title</small> Escrow Accounting, Reconciliation, and Review	
<small>Missouri Course Number</small> TI 00081833	<small>Date Course Completed</small> 12/3/2008
<small>Number of C.E.C. Hours Earned</small> 1 Credit Hour	<small>Location</small> Webinar: Hosted by Agents National Title Insurance
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> March 17, 2009

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Robert Hunt</b>	License or Social Security Number <b>PR185325</b>
Residence Address (Street, City, State, Zip Code) <b>763 S New Ballas Rd, Ste 300, St. Louis MO 63141</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


<small>Name of Producer</small> <b>James Jeans</b>	<small>License or Social Security Number</small> <b>PR177803</b>
<small>Residence Address (Street, City, State, Zip Code)</small> <b>610 E Cherry St, Troy MO 63379</b>	
<small>Course Provider</small> <b>Agents National Title Insurance Company</b>	
<small>Course Title</small> <b>Escrow Accounting, Reconciliation, and Review</b>	
<small>Missouri Course Number</small> <b>TI 00081833</b>	<small>Date Course Completed</small> <b>12/3/2008</b>
<small>Number of C.E.C. Hours Earned</small> <b>1 Credit Hour</b>	<small>Location</small> <b>Webinar: Hosted by Agents National Title Insurance</b>
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


<small>Name of Producer</small> Mary Kiefer	<small>License or Social Security Number</small> PR179045
<small>Residence Address (Street, City, State, Zip Code)</small> 21 S Main, Perryville MO 63775	
<small>Course Provider</small> Agents National Title Insurance Company	
<small>Course Title</small> Escrow Accounting, Reconciliation, and Review	
<small>Missouri Course Number</small> TI 00081833	<small>Date Course Completed</small> 12/3/2008
<small>Number of C.E.C. Hours Earned</small> 1 Credit Hour	<small>Location</small> Webinar: Hosted by Agents National Title Insurance
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> March 17, 2009

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


<small>Name of Producer</small> Janet Killingsworth	<small>License or Social Security Number</small> PR372297
<small>Residence Address (Street, City, State, Zip Code)</small> PO BOX 6, Greenfield MO 65661	
<small>Course Provider</small> Agents National Title Insurance Company	
<small>Course Title</small> Escrow Accounting, Reconciliation, and Review	
<small>Missouri Course Number</small> TI 00081833	<small>Date Course Completed</small> 12/3/2008
<small>Number of C.E.C. Hours Earned</small> 1 Credit Hour	<small>Location</small> Webinar: Hosted by Agents National Title Insurance
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> March 17, 2009

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


<small>Name of Producer</small> Laura Kovarik	<small>License or Social Security Number</small> PR321821
<small>Residence Address (Street, City, State, Zip Code)</small> 1861 Craig Rd, St. Louis MO 63146	
<small>Course Provider</small> Agents National Title Insurance Company	
<small>Course Title</small> Escrow Accounting, Reconciliation, and Review	
<small>Missouri Course Number</small> TI 00081833	<small>Date Course Completed</small> 12/3/2008
<small>Number of C.E.C. Hours Earned</small> 1 Credit Hour	<small>Location</small> Webinar: Hosted by Agents National Title Insurance
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> March 17, 2009

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Jeffrey Long</b>	License or Social Security Number <b>PR306519</b>
Residence Address (Street, City, State, Zip Code) <b>600 N Main, Mt. Grove MO 65711</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Shawn Lorenz</b>	License or Social Security Number <b>PR317740</b>
Residence Address (Street, City, State, Zip Code) <b>3303 Ashland Ave, Ste 210, St. Joseph MO 64506</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*

Name of Producer <b>Amber Luna</b>	License or Social Security Number <b>PR376749</b>
Residence Address (Street, City, State, Zip Code) <b>600 N Main, Mt. Grove MO 65711</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*

<small>Name of Producer</small> Shawna McComish	<small>License or Social Security Number</small> PR155433
<small>Residence Address (Street, City, State, Zip Code)</small> 10009 Office Center Ave, Ste 105, St. Louis MO 63128	
<small>Course Provider</small> Agents National Title Insurance Company	
<small>Course Title</small> Escrow Accounting, Reconciliation, and Review	
<small>Missouri Course Number</small> TI 00081833	<small>Date Course Completed</small> 12/3/2008
<small>Number of C.E.C. Hours Earned</small> 1 Credit Hour	<small>Location</small> Webinar: Hosted by Agents National Title Insurance
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> March 17, 2009

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Shane McComish</b>	License or Social Security Number <b>PR365167</b>
Residence Address (Street, City, State, Zip Code) <b>10009 Office Center Ave, Ste 105, St. Louis MO 63128</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*

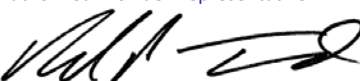
Name of Producer <b>Erica Meyer</b>	License or Social Security Number <b>PR352792</b>
Residence Address (Street, City, State, Zip Code) <b>2985 Kanell Blvd, Cripple Creek Mall, Poplar Bluff MO 63901</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*

Name of Producer <b>Courtney Mills</b>	License or Social Security Number <b>PR372751</b>
Residence Address (Street, City, State, Zip Code) <b>600 N Main, Mt. Grove MO 65711</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Amy Mitchell</b>	License or Social Security Number <b>PR215893</b>
Residence Address (Street, City, State, Zip Code) <b>PO BOX 6, Greenfield MO 65661</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*

Name of Producer <b>Mark Moore</b>	License or Social Security Number <b>PR270191</b>
Residence Address (Street, City, State, Zip Code) <b>4655 Hampton Ave, St. Louis MO 63109</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Sarah Morgan</b>	License or Social Security Number <b>PR409124</b>
Residence Address (Street, City, State, Zip Code) <b>217 College Ave, PO BOX 68, Kennett MO 63857</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Leisa Mosser</b>	License or Social Security Number <b>PR179227</b>
Residence Address (Street, City, State, Zip Code) <b>3303 Ashland Ave, Ste. 210, St. Joseph MO 64506</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Kay Newby</b>	License or Social Security Number <b>PR174749</b>
Residence Address (Street, City, State, Zip Code) <b>408 E 32<sup>nd</sup> Street, Joplin MO 64804</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Cathy Norman</b>	License or Social Security Number <b>PR190031</b>
Residence Address (Street, City, State, Zip Code) <b>3303 Ashland Ave, Ste 210, St. Joseph MO 64506</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Christina Peasel</b>	License or Social Security Number <b>PR185809</b>
Residence Address (Street, City, State, Zip Code) <b>610 E Cherry St, Troy MO 63379</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


<small>Name of Producer</small> Jennifer Piccoli	<small>License or Social Security Number</small> PR217933
<small>Residence Address (Street, City, State, Zip Code)</small> PO BOX 526, Osceola MO 64776	
<small>Course Provider</small> Agents National Title Insurance Company	
<small>Course Title</small> Escrow Accounting, Reconciliation, and Review	
<small>Missouri Course Number</small> TI 00081833	<small>Date Course Completed</small> 12/3/2008
<small>Number of C.E.C. Hours Earned</small> 1 Credit Hour	<small>Location</small> Webinar: Hosted by Agents National Title Insurance
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> March 17, 2009

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


<small>Name of Producer</small> <b>Jennifer Powell</b>	<small>License or Social Security Number</small> <b>PR166285</b>
<small>Residence Address (Street, City, State, Zip Code)</small> <b>180 Weidman Rd, Ste 122, Manchester MO 63021</b>	
<small>Course Provider</small> <b>Agents National Title Insurance Company</b>	
<small>Course Title</small> <b>Escrow Accounting, Reconciliation, and Review</b>	
<small>Missouri Course Number</small> <b>TI 00081833</b>	<small>Date Course Completed</small> <b>12/3/2008</b>
<small>Number of C.E.C. Hours Earned</small> <b>1 Credit Hour</b>	<small>Location</small> <b>Webinar: Hosted by Agents National Title Insurance</b>
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


<small>Name of Producer</small> Teresa Purichia	<small>License or Social Security Number</small> PR368368
<small>Residence Address (Street, City, State, Zip Code)</small> 600 N Main, Mt. Grove MO 65711	
<small>Course Provider</small> Agents National Title Insurance Company	
<small>Course Title</small> Escrow Accounting, Reconciliation, and Review	
<small>Missouri Course Number</small> TI 00081833	<small>Date Course Completed</small> 12/3/2008
<small>Number of C.E.C. Hours Earned</small> 1 Credit Hour	<small>Location</small> Webinar: Hosted by Agents National Title Insurance
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> March 17, 2009

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


<small>Name of Producer</small> Christine Rauth	<small>License or Social Security Number</small> PR301735
<small>Residence Address (Street, City, State, Zip Code)</small> 1861 Craig Rd, St. Louis MO 63146	
<small>Course Provider</small> Agents National Title Insurance Company	
<small>Course Title</small> Escrow Accounting, Reconciliation, and Review	
<small>Missouri Course Number</small> TI 00081833	<small>Date Course Completed</small> 12/3/2008
<small>Number of C.E.C. Hours Earned</small> 1 Credit Hour	<small>Location</small> Webinar: Hosted by Agents National Title Insurance
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> March 17, 2009

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Ruth Redman</b>	License or Social Security Number <b>PR302361</b>
Residence Address (Street, City, State, Zip Code) <b>212 N Washington PO BOX 235, Shelbyville MO 63469</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Malinda Rodermund</b>	License or Social Security Number <b>PR254847</b>
Residence Address (Street, City, State, Zip Code) <b>1861 Craig Rd, St. Louis MO 63146</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Shirley Rodgers</b>	License or Social Security Number <b>PR102951</b>
Residence Address (Street, City, State, Zip Code) <b>600 N Main, Mt. Grove MO 65711</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


<small>Name of Producer</small> James Sandberg	<small>License or Social Security Number</small> PR152015
<small>Residence Address (Street, City, State, Zip Code)</small> 1861 Craig Rd, St. Louis MO 63146	
<small>Course Provider</small> Agents National Title Insurance Company	
<small>Course Title</small> Escrow Accounting, Reconciliation, and Review	
<small>Missouri Course Number</small> TI 00081833	<small>Date Course Completed</small> 12/3/2008
<small>Number of C.E.C. Hours Earned</small> 1 Credit Hour	<small>Location</small> Webinar: Hosted by Agents National Title Insurance
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> March 17, 2009

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Theresa Sapp</b>	License or Social Security Number <b>PR115429</b>
Residence Address (Street, City, State, Zip Code) <b>3500 Bagnell Dam Blvd, PO BOX 971, Lake Ozark MO 65049</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Mary Schamburg</b>	License or Social Security Number <b>PR350940</b>
Residence Address (Street, City, State, Zip Code) <b>21 S Main, Perryville MO 63775</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*

Name of Producer <b>David Sibley</b>	License or Social Security Number <b>PR258471</b>
Residence Address (Street, City, State, Zip Code) <b>105 E Spring, Ed Dorado Springs MO 64744</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


<small>Name of Producer</small> <b>John Simon</b>	<small>License or Social Security Number</small> <b>PR252335</b>
<small>Residence Address (Street, City, State, Zip Code)</small> <b>4655 Hampton Ave, St. Louis MO 63109</b>	
<small>Course Provider</small> <b>Agents National Title Insurance Company</b>	
<small>Course Title</small> <b>Escrow Accounting, Reconciliation, and Review</b>	
<small>Missouri Course Number</small> <b>TI 00081833</b>	<small>Date Course Completed</small> <b>12/3/2008</b>
<small>Number of C.E.C. Hours Earned</small> <b>1 Credit Hour</b>	<small>Location</small> <b>Webinar: Hosted by Agents National Title Insurance</b>
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*

Name of Producer <b>Jennifer Smith</b>	License or Social Security Number <b>PR187769</b>
Residence Address (Street, City, State, Zip Code) <b>206 N Rolla St, Rolla MO 65401</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*

<small>Name of Producer</small> Misty Smith Walker	<small>License or Social Security Number</small> PR316864
<small>Residence Address (Street, City, State, Zip Code)</small> 201 Jackson St, Hermitage MO 65668	
<small>Course Provider</small> Agents National Title Insurance Company	
<small>Course Title</small> Escrow Accounting, Reconciliation, and Review	
<small>Missouri Course Number</small> TI 00081833	<small>Date Course Completed</small> 12/3/2008
<small>Number of C.E.C. Hours Earned</small> 1 Credit Hour	<small>Location</small> Webinar: Hosted by Agents National Title Insurance
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> March 17, 2009

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Charla Stark</b>	License or Social Security Number <b>PR188047</b>
Residence Address (Street, City, State, Zip Code) <b>105 E Spring, El Dorado Spring MO 64744</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Delores Stark</b>	License or Social Security Number <b>PR101467</b>
Residence Address (Street, City, State, Zip Code) <b>2 N Delaware, Butler MO 64730</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


<small>Name of Producer</small> Michelle Stigall	<small>License or Social Security Number</small> PR214889
<small>Residence Address (Street, City, State, Zip Code)</small> 600 N Main, Mt. Grove MO 65711	
<small>Course Provider</small> Agents National Title Insurance Company	
<small>Course Title</small> Escrow Accounting, Reconciliation, and Review	
<small>Missouri Course Number</small> TI 00081833	<small>Date Course Completed</small> 12/3/2008
<small>Number of C.E.C. Hours Earned</small> 1 Credit Hour	<small>Location</small> Webinar: Hosted by Agents National Title Insurance
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> March 17, 2009

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Kristi Stillwell</b>	License or Social Security Number <b>PR118775</b>
Residence Address (Street, City, State, Zip Code) <b>600 N Main, Mt. Grove MO 65711</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Scott Stillwell</b>	License or Social Security Number <b>PR333915</b>
Residence Address (Street, City, State, Zip Code) <b>600 N Main, Mt. Grove MO 65711</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Karen Taylor</b>	License or Social Security Number <b>PR247397</b>
Residence Address (Street, City, State, Zip Code) <b>1869 Craig Park Ct, St. Louis MO 63149</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


<small>Name of Producer</small> Cara Thulin	<small>License or Social Security Number</small> PR401843
<small>Residence Address (Street, City, State, Zip Code)</small> 1342 E Primrose St, Springfield MO 65804	
<small>Course Provider</small> Agents National Title Insurance Company	
<small>Course Title</small> Escrow Accounting, Reconciliation, and Review	
<small>Missouri Course Number</small> TI 00081833	<small>Date Course Completed</small> 12/3/2008
<small>Number of C.E.C. Hours Earned</small> 1 Credit Hour	<small>Location</small> Webinar: Hosted by Agents National Title Insurance
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> March 17, 2009

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*

Name of Producer <b>Rex Todd</b>	License or Social Security Number <b>PR223665</b>
Residence Address (Street, City, State, Zip Code) <b>600 N Main, Mt. Grove MO 65711</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Julia Uhls</b>	License or Social Security Number <b>PR237957</b>
Residence Address (Street, City, State, Zip Code) <b>204 E 5<sup>th</sup> St, Fulton MO 65251</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Tara Vermillion</b>	License or Social Security Number <b>PR365557</b>
Residence Address (Street, City, State, Zip Code) <b>2 N Delaware, Butler MO 64730</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>Louis Vigna</b>	License or Social Security Number <b>PR301814</b>
Residence Address (Street, City, State, Zip Code) <b>2601 Metro, St. Louis MO 63043</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


<small>Name of Producer</small> Tatum Walker	<small>License or Social Security Number</small> PR188071
<small>Residence Address (Street, City, State, Zip Code)</small> 201 Jackson St, Hermitage MO 65668	
<small>Course Provider</small> Agents National Title Insurance Company	
<small>Course Title</small> Escrow Accounting, Reconciliation, and Review	
<small>Missouri Course Number</small> TI 00081833	<small>Date Course Completed</small> 12/3/2008
<small>Number of C.E.C. Hours Earned</small> 1 Credit Hour	<small>Location</small> Webinar: Hosted by Agents National Title Insurance
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> March 17, 2009

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


<small>Name of Producer</small> Christy Walters	<small>License or Social Security Number</small> PR399866
<small>Residence Address (Street, City, State, Zip Code)</small> 401 E 5 <sup>th</sup> St, PO BOX 1030, Mountain View MO 65548	
<small>Course Provider</small> Agents National Title Insurance Company	
<small>Course Title</small> Escrow Accounting, Reconciliation, and Review	
<small>Missouri Course Number</small> TI 00081833	<small>Date Course Completed</small> 12/3/2008
<small>Number of C.E.C. Hours Earned</small> 1 Credit Hour	<small>Location</small> Webinar: Hosted by Agents National Title Insurance
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> March 17, 2009

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


<small>Name of Producer</small> Dennise Wierman	<small>License or Social Security Number</small> PR264747
<small>Residence Address (Street, City, State, Zip Code)</small> 114 W 7 <sup>th</sup> Stree, PO BOX 427, Cassville MO 65625	
<small>Course Provider</small> Agents National Title Insurance Company	
<small>Course Title</small> Escrow Accounting, Reconciliation, and Review	
<small>Missouri Course Number</small> TI 00081833	<small>Date Course Completed</small> 12/3/2008
<small>Number of C.E.C. Hours Earned</small> 1 Credit Hour	<small>Location</small> Webinar: Hosted by Agents National Title Insurance
<small>Signature of Authorized Provider Representative</small> 	<small>Date</small> March 17, 2009

Notice to Producer: Keep this certificate for record verification. **DO NOT SEND THIS FORM TO THE DEPARTMENT OF INSURANCE, FINANCIAL INSTITUIONS 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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*


Name of Producer <b>John Wilcox</b>	License or Social Security Number <b>PR301290</b>
Residence Address (Street, City, State, Zip Code) <b>212 N Washington, PO BOX 235, Shelbyville MO 63469</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.



*Agents National Title  
Insurance Company*

## *Continuing Education Certificate of Course Completion*

Name of Producer <b>Kimberly Zerrer</b>	License or Social Security Number <b>PR318035</b>
Residence Address (Street, City, State, Zip Code) <b>610 E Cherry St, Troy MO 63379</b>	
Course Provider <b>Agents National Title Insurance Company</b>	
Course Title <b>Escrow Accounting, Reconciliation, and Review</b>	
Missouri Course Number <b>TI 00081833</b>	Date Course Completed <b>12/3/2008</b>
Number of C.E.C. Hours Earned <b>1 Credit Hour</b>	Location <b>Webinar: Hosted by Agents National Title Insurance</b>
Signature of Authorized Provider Representative 	Date <b>March 17, 2009</b>

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 DIFP with your producer renewal.