



**GEORGIA INSURANCE
CERTIFICATE OF COMPLETION**

NAME OF APPLICANT _____

S.S# _____

RESIDENCE ADDRESS _____

CITY AND STATE _____ ZIP _____

NAME OF APPROVED SCHOOL: **SOUTHERN FEDERAL TAX INSTITUTE**

NAME OF APPROVED COURSE: **54th ANNUAL SOUTHERN FEDERAL TAX INSTITUTE**

CLASSROOM LOCATION: **Grand Hyatt Atlanta, GA / Buckhead**

STREET ADDRESS: **3300 Peachtree Road**

CITY AND STATE: **Atlanta, GA**

CLASS START DATE: **October 21, 2019**

COMPLETION DATE: **October 25, 2019**

COURSE PROVIDER NUMBER: **201950**

COURSE NUMBER: 57841

Approved for 3.0 hrs Ethics, 22.0 hrs Life & Accident Sickness

THIS CERTIFIES THAT THE ABOVE NAMED APPLICANT HAS COMPLETED THE ABOVE APPROVED INSURANCE COURSE AS APPROVED BY THE GEORGIA INSURANCE DEPARTMENT, TAUGHT BY APPROVED INSTRUCTORS AND IN COMPLIANCE WITH ALL DEPARTMENT RULES.

CONTINUING EDUCATION HOURS EARNED: _____

PRE-LICENSING EDUCATION HOURS EARNED: _____