

Continuing Education Course Completions in the State of Texas

**Confirmation**

**Provider** : 363747477 - SERVICEMASTER CLEAN  
**Course** : 91329 - Understanding Subrogation Reporting on Mitigation Claims  
**Course Category** : General  
**ServiceType** : CE Course Completions  
**Request Date** : 08-29-2014  
**State** : Texas  
**Requestor** : Lori H Hart

Confirmation ID	SSN	NPN Lic Nbr	Name	Status	Reference ID	Error Message
99995470	xxx-xx-4784	1798868	KATRINA N HOBBS	Processed		
99995477	xxx-xx-4004	1397922	KRISTINA LEE HOPKINS	Processed		
99995476	xxx-xx-3966	1585569	MONICA MARIA WALKER	Processed		
99995473	xxx-xx-6094	1930709	CALLIE FORD	Processed		
99995478	xxx-xx-1016	1552995	TIMELL BREE MCMURRY	Processed		
99995481	xxx-xx-4659	1546420	SUSAN MITCHELL GREGORY	Processed		
99995475	xxx-xx-3579	1689745	BONNIE JEAN SOUCY	Processed		
99995469	xxx-xx-6879	1906084	AMANDA BENTLEY	Processed		
99995474	xxx-xx-7550	1906558	TORI SUTTON	Processed		
99995471	xxx-xx-4609	1437212	BETHANY LYNN DAFIR	Processed		
99995472	xxx-xx-5698	1906510	MANDELL WEAVON LEWIS	Processed		
99995479	xxx-xx-4438	1907921	NATHAN SHATTUCK	Processed		

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**CERTIFICATE OF CONTINUING EDUCATION COURSE COMPLETION**  
**Texas Department Of Insurance**

Course Number: 91329

Offering Number (optional): 26655

Course Name: Understanding Subrogation Reporting on Mitigation Claims

Total Credit Hours: 1.0 , as follows

General 1.0

Course certified as: Classroom

**THIS HEREBY CERTIFIES THAT** KATRINA N HOBBS, 1798868  
(Name AS ON LICENSE) (License Number)

has taken and successfully completed on this day the above course of study for Continuing Education. This course of study has been filed and approved by the Texas Department of Insurance in accordance with its regulations.

Course Completion Date: 08-28-2014

The above Continuing Education credits have been submitted for official banking by:

Provider Number:  
SERVICEMASTER CLEAN

PO BOX 751027 FHI-1834  
MEMPHIS, TN 38175-1027

LICENSEE must retain for at least four years.

Prepared on:

08-29-2014

**CERTIFICATE OF CONTINUING EDUCATION COURSE COMPLETION**  
**Texas Department Of Insurance**

Course Number: 91329

Offering Number (optional): 26655

Course Name: Understanding Subrogation Reporting on Mitigation Claims

Total Credit Hours: 1.0 , as follows

General 1.0

Course certified as: Classroom

**THIS HEREBY CERTIFIES THAT** KRISTINA LEE HOPKINS , 1397922  
(Name AS ON LICENSE) (License Number)

has taken and successfully completed on this day the above course of study for Continuing Education. This course of study has been filed and approved by the Texas Department of Insurance in accordance with its regulations.

Course Completion Date: 08-28-2014

The above Continuing Education credits have been submitted for official banking by:

Provider Number:  
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PO BOX 751027 FHI-1834  
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LICENSEE must retain for at least four years.

Prepared on:

08-29-2014



**CERTIFICATE OF CONTINUING EDUCATION COURSE COMPLETION**  
**Texas Department Of Insurance**

Course Number: 91329

Offering Number (optional): 26655

Course Name: Understanding Subrogation Reporting on Mitigation Claims

Total Credit Hours: 1.0 , as follows

General 1.0

Course certified as: Classroom

THIS HEREBY CERTIFIES THAT CALLIE FORD, 1930709  
(Name AS ON LICENSE) (License Number)

has taken and successfully completed on this day the above course of study for Continuing Education. This course of study has been filed and approved by the Texas Department of Insurance in accordance with its regulations.

Course Completion Date: 08-28-2014

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**Texas Department Of Insurance**

Course Number: 91329

Offering Number (optional): 26655

Course Name: Understanding Subrogation Reporting on Mitigation Claims

Total Credit Hours: 1.0 , as follows

General 1.0

Course certified as: Classroom

**THIS HEREBY CERTIFIES THAT** TIMELL BREE MCMURRY, 1552995  
(Name AS ON LICENSE) (License Number)

has taken and successfully completed on this day the above course of study for Continuing Education. This course of study has been filed and approved by the Texas Department of Insurance in accordance with its regulations.

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08-29-2014

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**Texas Department Of Insurance**

Course Number: 91329

Offering Number (optional): 26655

Course Name: Understanding Subrogation Reporting on Mitigation Claims

Total Credit Hours: 1.0 , as follows

General	1.0
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Course certified as: Classroom

THIS HEREBY CERTIFIES THAT SUSAN MITCHELL GREGORY , 1546420  
(Name AS ON LICENSE) (License Number)

has taken and successfully completed on this day the above course of study for Continuing Education. This course of study has been filed and approved by the Texas Department of Insurance in accordance with its regulations.

Course Completion Date: 08-28-2014

The above Continuing Education credits have been submitted for official banking by:

Provider Number:

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Prepared on:

08-29-2014

**CERTIFICATE OF CONTINUING EDUCATION COURSE COMPLETION  
Texas Department Of Insurance**

Course Number: 91329

Offering Number (optional): 26655

Course Name: Understanding Subrogation Reporting on Mitigation Claims

Total Credit Hours: 1.0 , as follows

General	1.0
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Course certified as: Classroom

**THIS HEREBY CERTIFIES THAT** BONNIE JEAN SOUCY, 1689745  
(Name AS ON LICENSE) (License Number)

has taken and successfully completed on this day the above course of study for Continuing Education. This course of study has been filed and approved by the Texas Department of Insurance in accordance with its regulations.

Course Completion Date: 08-28-2014

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**Texas Department Of Insurance**

Course Number: 91329

Offering Number (optional): 26655

Course Name: Understanding Subrogation Reporting on Mitigation Claims

Total Credit Hours: 1.0 , as follows

General 1.0

Course certified as: Classroom

**THIS HEREBY CERTIFIES THAT** TORI SUTTON, 1906558  
(Name AS ON LICENSE) (License Number)

has taken and successfully completed on this day the above course of study for Continuing Education. This course of study has been filed and approved by the Texas Department of Insurance in accordance with its regulations.

Course Completion Date: 08-28-2014

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Provider Number:  
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LICENSEE must retain for at least four years.

Prepared on:

08-29-2014

**CERTIFICATE OF CONTINUING EDUCATION COURSE COMPLETION**  
**Texas Department Of Insurance**

Course Number: 91329

Offering Number (optional): 26655

Course Name: Understanding Subrogation Reporting on Mitigation Claims

Total Credit Hours: 1.0 , as follows

General 1.0

Course certified as: Classroom

THIS HEREBY CERTIFIES THAT BETHANY LYNN DAFIR, 1437212  
(Name AS ON LICENSE) (License Number)

has taken and successfully completed on this day the above course of study for Continuing Education. This course of study has been filed and approved by the Texas Department of Insurance in accordance with its regulations.

Course Completion Date: 08-28-2014

The above Continuing Education credits have been submitted for official banking by:

Provider Number:  
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Prepared on:

08-29-2014



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**Texas Department Of Insurance**

Course Number: 91329

Offering Number (optional): 26655

Course Name: Understanding Subrogation Reporting on Mitigation Claims

Total Credit Hours: 1.0 , as follows

General 1.0

Course certified as: Classroom

THIS HEREBY CERTIFIES THAT NATHAN SHATTUCK, 1907921  
(Name AS ON LICENSE) (License Number)

has taken and successfully completed on this day the above course of study for Continuing Education. This course of study has been filed and approved by the Texas Department of Insurance in accordance with its regulations.

Course Completion Date: 08-28-2014

The above Continuing Education credits have been submitted for official banking by:

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