

**Certificate Of Registration For A Continuing  
Education Program Of Study**

July 27, 2004

MAYER FINANCIAL SERVICES, INC  
JOHN E. MAYER  
6815 MINNOW POND DRIVE  
WEST BLOOMFIELD, MI 48322

Dear John Mayer :

Pursuant to Section 1204a(1) to 1204c(6) of the Insurance Code of 1956, as amended, MCLA 500.1204a(1) to 500.1204c(6), the Agent Education Advisory Council or it's designee has reviewed the course materials, curriculum, and instructor credentials submitted and recommends to the Commissioner's representative that this program of study be registered:

Course Name: **LIFE SETTLEMENTS A TO Z**

Program of Study: <b>Life Only</b>	Effective Date: <b>07-26-2004</b>
Number of Approved Hours: <b>1</b>	Provider Number: <b>0357</b>
Sales/Marketing Hours: <b>0</b>	Course Number: <b>40669</b>
National Designation Program: <b>No</b>	Presentation Method: <b>Classroom</b>

By the granting of this Certificate of Registration, the Commissioner's representative approves the recommendation. The Commissioner may, after Notice and Opportunity for a Hearing, withdraw the registration of a program of study, which does not maintain standards as determined by the Commissioner for the protection of the public.

If you disagree with our decision, you may appeal by providing 2 copies of the requested information within 30 days of the date of this letter without any additional fees. However, if you appeal our decision, you must return this document and you may not offer this course until a final disposition is granted.

If you have any questions regarding this letter, please contact Promissor's Continuing Education Support Unit at 888-204-6253.

Sincerely,  
Promissor Continuing Education Support Unit  
Processing and Resolutions Department

**Complete this section or enter this information on each page**

### Education Evaluator Worksheet

*Evaluators: Use this format to reference and record your course evaluation. You may use this worksheet, or prepare a similar one on your office automation equipment, using the same captions, in the same order.*<sup>10</sup>

Page _____ of _____	Assignment date
Provider number <b>0357</b>	Course number <b>40669</b>

**Complete this section or enter this information ONLY on first page**

Course title <b>LIFE SETTLEMENTS A TO Z</b>	<input checked="" type="checkbox"/>	Approved →	Hours of credit <b>1</b>	Evaluator number	No. of hours to review:
	<input type="checkbox"/>	Disapproved			

Page no.	Outline reference	Comments
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Does not relate to health...

**Note:** The Michigan Office of Financial and Insurance Services is now requiring electronic reporting of course schedules. Enclosed are the procedures to report under this method. Please begin using immediately. **Also, this course approval will expire two years from the date it was approved. Regardless of the delivery method of a self-study course, which includes on-line/Internet, textbook, CD-rom or any other form other than classroom attendance, the disinterested third party affidavit must be received by the provider at the time of grading the exam for credit to be granted.**