TROY DOWNING

CSI

COMMISSIONER OF SECURITIES & INSURANCE
OFFICE OF THE MONTANA STATE AUDITOR

Montana Insurance Department 840 Helena Avenue Helena, MT 59601 406.444.2040	**MONTANA LONG-TERM CARE TRAINING LICENSEE COMPLIANCE REPORT** Pursuant to 33-22-1128 & 1129, MCA Montana Long-Term Care Premium Written 7/1-6/30[1] $_____ Annual Statement for Company [2] _____ NAIC Number [3] _____ Year [4] _____

Licensee Name [5]	Mailing Address [6]	City [7]	State [8]	Zip [9]	MT License # [10]	Completion Date – 8 hr. one time training [11]	Completion Date – 4 hr. ongoing training [12]