

# State of Maryland Insurance License

License No: 32052

NPN: 6815729

**Jerome J Lober Jr**

3132 LIBERTY PKWY  
DUNDALK MD 21222-5321

This is to certify that pursuant to requirements of the Maryland Insurance Code the above named is qualified to do business in the state of Maryland with the authority listed below.

RESIDENT

**LICENSE/REGISTRATION**

Insurance Producer

LICENSE  
ISSUE DATE

01/01/2021

LICENSE  
EXPIRATION  
DATE

12/31/2022

LINE OF AUTHORITY


Health, Life

Motor Club Representative

01/23/2018

This qualification shall remain in effect until the expiration date, unless suspended, revoked or denied. Licensees, Registrants must renew the qualification and pay all applicable fees as required by Maryland Insurance Code prior to the expiration date.

For questions regarding licensing, renewal or continuing education Requirements, contact the Maryland Insurance Administration at 1-888-204-6198 or visit [www.mdinsurance.state.md.us](http://www.mdinsurance.state.md.us)

  
Kathleen A. Birrane, Insurance Commissioner  
VOID IF ALTERED, NON-TRANSFERABLE

Dear Licensee:

Enclosed is your new license.

Please use your new License number, your name as it appears on your License, and your Social Security or National Producer Number whenever calling or writing to the Maryland Insurance Administration. Any update to the information provided on your original application must be reported to The Maryland Insurance Administration within thirty (30) days of the change.

If applicable, you must remain current on, and comply with all Continuing Education requirements for any License and lines of insurance that you hold. Please see the Maryland CE regulation for details.

Should you have any questions or concerns regarding your Maryland Insurance License, please call our customer service unit at 1-888-204-6198 between 8:00AM and 5:00PM EST Monday through Friday, or write to The Maryland Insurance Administration, Attn: Producer Licensing, 200 St. Paul Place, Suite 2700, Baltimore, MD 21202.

Sincerely,  
The Maryland Insurance Administration





## Certified Estate Advisor

THE ABOVE TITLE AND CERTIFICATION IS HEREBY AWARDED TO:

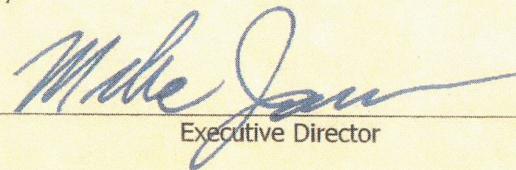
*JEROME LOBER*

THE ABOVE NAMED INDIVIDUAL HAS SUCCESSFULLY COMPLETED THE COURSE OF STUDY AND EXAMINATION AS REQUIRED BY THE NATIONAL ASSOCIATION OF FINANCIAL AND ESTATE PLANNING TO RECEIVE THIS CERTIFICATE; IS HEREBY AWARDED THE TITLE OF CERTIFIED ESTATE ADVISOR, AND MAY USE THAT TITLE OR THE TERM "CEA" FOR AS LONG AS THE REQUIREMENTS OF THIS CERTIFICATION ARE MAINTAINED BY THE HOLDER OF THIS CERTIFICATE.

Certified On This Date:

*November 13, 2006*

By:



Executive Director



The National Association of Financial and Estate Planning

®CEA and Certified Estate Advisor are registered service marks of National Association of Financial and Estate Planning





Medicare  
+ Fraud, Waste and Abuse

**Jerome Lober**

*has successfully completed the course*

**2022 Medicare + Fraud, Waste, and Abuse Training**

**Completion Date: September 12, 2021**


ID Code: WPRIIZFFJCG

A handwritten signature in black ink that reads "GREGORY F. DEAN".

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Gregory F. Dean  
Vice President, Insurance Education  
America's Health Insurance Plans





# Certificate of Approval

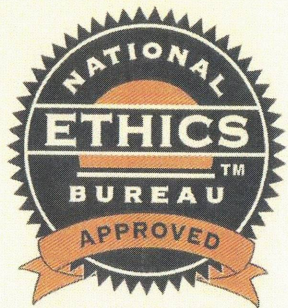
Be it known that

**JEROME J. LOBER**

having passed the Ethics Check System™ and having met all of the qualifications that have been set forth by the National Ethics Bureau™ for membership, is now duly recognized as an

**APPROVED MEMBER**

The above named member has maintained an exemplary record of business ethics and has agreed to uphold the highest standards of professionalism and integrity as outlined in the National Ethics Bureau's Ethics Pledge and Conditions of Participation agreement and has acknowledged to abide by these standards at all times.



WWW.ETHICSHECK.COM

This Certificate of Approval for member approval by National Ethics Bureau™, together with all entitlements, rights, and privileges pertaining thereof is valid through:

**August 24, 2007**

A handwritten signature in black ink, appearing to read "S.R. McCarty".

Steven R. McCarty, National Director

A handwritten signature in black ink, appearing to read "Jeffrey S. Kopitz".

Jeffrey S. Kopitz, Executive Director





# MARYLAND INSURANCE ADMINISTRATION CONTINUING EDUCATION CERTIFICATE OF COURSE COMPLETION

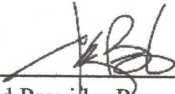
Producer Name:	Jerome Joseph Lober	License Number/NPN:	32052
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**This certificate certifies that the individual listed above has successfully completed:**

Course Name:	Developing a Client-Centered Code of	Course Number:	103217
Provider Name:	WebCE	Provider Number:	207980
Instructor Name:	Self-Study	Instructor License Number (if applicable):	

Course Completion Date:	11/02/2020	<b>Please indicate the number of hours of continuing education awarded for each content category below.</b>	
		<b>Course Category</b>	<b>Credit Hours Awarded</b>
Total Hours Of Continuing Education Awarded:	3		

By signing below, I attest that this course has been approved by the State of Maryland. I also attest that the course has been offered and course completions will be reported in compliance with **COMAR 31.03.02 Insurance Producers-Continuing Education Requirements**.

<u>Eugene Barnes</u> Authorized Provider Representative Name	 Authorized Provider Representative Signature	<u>11/02/2020</u> Date
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### Submission of Renewal Applications

- Course completion hours reported to the Maryland Insurance Administration are generally evident on the online licensing system, NIPR ([www.nipr.com](http://www.nipr.com)), 48 hours after submission by the course provider.
- If you are attempting to renew a resident producer license, please note that course providers have 15 days to report your successful completion of a course. If you have taken a course that has not yet been "banked", and your license is 15 days or less from expiration please mail your application, certificate(s) of course completion, and renewal fee directly to the Maryland Insurance Administration prior to your license expiration date to avoid paying the additional \$100 reinstatement fee. The mailing address is:

**Maryland Insurance Administration**  
**Attn: Producer Licensing**  
**200 St. Paul Place, Suite 2700**  
**Baltimore, MD 21202**

### Licensed Insurance Producer Responsibilities

- Producers may not earn hours of continuing education for attending the same course multiple times within the same renewal period. In addition courses completed in a subsequent renewal period may not be taken within 6 months of each other.
- Producers shall maintain a record of course completion for 4 years following the date the course was completed.
- Pursuant to §10-126 of the Insurance Article, Annotated Code of Maryland, the Commissioner may suspend or revoke a license if an insurance producer is found to have knowingly submitted a falsified certificate of course completion.

### Questions

- Questions related to license requirements may be directed to the Maryland Insurance Administration at 1-888-204-6198 or visit [www.insurance.maryland.gov](http://www.insurance.maryland.gov) to view license instructions, FAQ's and to retrieve license applications.
- To view approved providers and courses, continuing education transcripts, and available course offerings please visit [www.sircon.com](http://www.sircon.com).
- To speak with a representative regarding course completions, compliance status, or any other concerns related to continuing education please contact Prometric at 1-800-324-4592 or visit [www.prometric.com](http://www.prometric.com).



# MARYLAND INSURANCE ADMINISTRATION CONTINUING EDUCATION CERTIFICATE OF COURSE COMPLETION


Producer Name:	Jerome Joseph Lober	License Number/NPN:	32052
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**This certificate certifies that the individual listed above has successfully completed:**

Course Name:	Medicare Part D: Prescription Drug	Course Number:	106320
Provider Name:	WebCE	Provider Number:	207980
Instructor Name:	Self-Study	Instructor License Number (if applicable):	

Course Completion Date:	11/04/2020	<b>Please indicate the number of hours of continuing education awarded for each content category below.</b>	
		<b>Course Category</b>	<b>Credit Hours Awarded</b>
Total Hours Of Continuing Education Awarded:	3		

By signing below, I attest that this course has been approved by the State of Maryland. I also attest that the course has been offered and course completions will be reported in compliance with **COMAR 31.03.02 Insurance Producers-Continuing Education Requirements**.

Eugene Barnes _____ Authorized Provider Representative Name	 _____ Authorized Provider Representative Signature	11/04/2020 _____ Date
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- Course completion hours reported to the Maryland Insurance Administration are generally evident on the online licensing system, NIPR ([www.nipr.com](http://www.nipr.com)), 48 hours after submission by the course provider.
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**Baltimore, MD 21202**

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- To speak with a representative regarding course completions, compliance status, or any other concerns related to continuing education please contact Prometric at 1-800-324-4592 or visit [www.prometric.com](http://www.prometric.com).



# MARYLAND INSURANCE ADMINISTRATION CONTINUING EDUCATION CERTIFICATE OF COURSE COMPLETION

Producer Name:	Jerome Joseph Lober	License Number/NPN:	32052
<b>This certificate certifies that the individual listed above has successfully completed:</b>			
Course Name:	Medicare Advantage Plans and	Course Number:	105881
Provider Name:	WebCE	Provider Number:	207980
Instructor Name:	Self-Study	Instructor License Number (if applicable):	

Course Completion Date:	11/04/2020	<b>Please indicate the number of hours of continuing education awarded for each content category below.</b>	
		<b>Course Category</b>	<b>Credit Hours Awarded</b>
Total Hours Of Continuing Education Awarded:	2		

By signing below, I attest that this course has been approved by the State of Maryland. I also attest that the course has been offered and course completions will be reported in compliance with **COMAR 31.03.02 Insurance Producers-Continuing Education Requirements**.

Eugene Barnes _____ Authorized Provider Representative Name	 _____ Authorized Provider Representative Signature	11/04/2020 _____ Date
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### Submission of Renewal Applications

- Course completion hours reported to the Maryland Insurance Administration are generally evident on the online licensing system, NIPR ([www.nipr.com](http://www.nipr.com)), 48 hours after submission by the course provider.
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**Baltimore, MD 21202**

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- To view approved providers and courses, continuing education transcripts, and available course offerings please visit [www.sircon.com](http://www.sircon.com).
- To speak with a representative regarding course completions, compliance status, or any other concerns related to continuing education please contact Prometric at 1-800-324-4592 or visit [www.prometric.com](http://www.prometric.com).



## Certificate Of Completion

This is to certify that

Jerome Lober Jr.  
License: maryland - 32052

has completed the course

#102354 - 4 credit hours

### **MD-Individual Retirement Accounts**

Completed On 24th August 2018 at 0117pm

Provider CETRACK #211134, Nick Hansen



Nicholas Hansen for Cetrack, LLC





## Certificate Of Completion

This is to certify that

Jerome Lober Jr.  
License: maryland - 32052

has completed the course

#102340 - 3 credit hours

### **MD-Homeowners Insurance Course**

Completed On 24th August 2018 at 0157pm

Provider CETRACK #211134, Nick Hansen



Nicholas Hansen for Cetrack, LLC





AA Coleman & Robinson National  
Training Center, LLC  
Provider # S11675

ETHICS In The Workplace II - CLASSROOM  
ETHICS - 3 C.E. (C05020)  
LH/PC - 5 C.E. (C05021)

# Certificate of Completion

5/1/2010

Date

This will certify that Jerome J. Lober, Jr. has taken and  
successfully completed our program of studies for 8 hours of continuing  
education. This program of studies was filed with the Insurance Commissioner of  
the **State of Maryland.**

Patricia Long

Course Coordinator/Instructor  
(Signature must be on file)



# Certificate of Course Completion

*This certifies that*

***Jerome J Lober Jr.***

*June 29, 2004*

*has successfully completed the  
Retirement Planning Principles*

*at the*

AA Coleman & Robinson National Training Center

*Mark Coleman*

Course Coordinator/Instructor



# Certificate of Course Completion

*This certifies that*

*Jerome J Lober Jr.*

*June 28, 2004*

*has successfully completed the  
Medicare Supplement Planning  
at the  
AA Coleman & Robinson Training Center*

*Mark Coleman*

Course Coordinator/Instructor



# Certificate of Course Completion

*This certifies that*

**Jerome J Lober Jr.**

*January 27, 2004*

*has successfully completed the  
Long Term Care Financing  
at the  
Golden Rule Training Center*

*Mindy Stantley*  
Course Coordinator/Instructor



# BELL AND ASSOCIATES

4830 Deen Road  
Marietta Georgia 30066

1-800-869-9947

## CERTIFICATE OF COMPLETION

Department of Licensing and Regulation  
Insurance Division  
501 St. Paul Place  
Baltimore, Maryland 21202

COURSE NUMBER MIA LH 2276 3-11-97  
(Course Number must be completed for processing of renewal.)

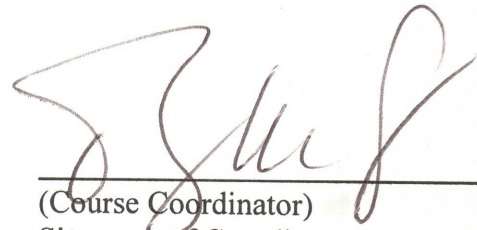
COURSE NAME SENIOR INSURANCE ISSUES

This will certify that:

JEROME J LOBER JR  
8120 ANALEE AVE  
BALTO MO 21237

has taken and successfully completed our program of studies for 4 hours of Continuing Education. This program of Studies has been filed with the Insurance Commissioner of the State of Maryland under the provisions of Section 170 of Article 48A, the Maryland Insurance Code.


**IT IS IMPERATIVE THAT EACH AGENT ATTACH THIS CERTIFICATE(S) TO THE RENEWAL FORM FOR THE LICENSING PERIOD ENDING JUNE 30, 1997.**



(Course Coordinator)

Signature of Coordinator must be on file

\_\_\_\_\_  
(Agent's license Registration Certificate Number)

  
\_\_\_\_\_  
(Social Security Number)



# TUTOR, TEACH & TELL, Ltd.

presents

## Continuing Education Program

for the purpose of Maryland Insurance License renewal

Course Coordinator Sponsor: Tutor, Teach & Tell, Ltd., Robert Jacob Meyer, CLU, LUTCF  
1427 Gibsonwood Road, Baltimore MD 21228 410.747-7855 FAX 410.747.7855

Location

MedAmerica · 849 International Dr. Lithicum, Md

# Certificate of Completion

Department of Licensing and Regulation  
Insurance Division  
501 St. Paul Place  
Baltimore, Maryland 21202

Course: **Long Term Care II**

**MIA L/H 194-08-08-95**

**2 hrs**

This will certify that: Jerome J. Lober  
8120 Analee Ave.  
Baltimore Md 21237

has taken and successful completed our program of studies for **TWO ( 2 )** hours of Continuing Education. This program of Studies has been filed with and had the tentative approval of the Insurance Commissioner of the State of Maryland under the provisions of Section 170 of Article 48A, the Maryland Insurance Code.

IT IS IMPERATIVE THAT EACH AGENT ATTACH THIS CERTIFICATE TO THE RENEWAL FORM FOR THE LICENSING PERIOD ENDING JUNE 30, 1997.

Very truly yours,

Joe A. DeMont  
(Course Instructor)

67475

(Agent's License Registration Certificate Number)

[REDACTED]  
(Agent's Social Security Number)



# BELL AND ASSOCIATES

4830 Deen Road  
Marietta Georgia 30066

1-800-869-9947

## CERTIFICATE OF COMPLETION

Department of Licensing and Regulation  
Insurance Division  
501 St. Paul Place  
Baltimore, Maryland 21202

COURSE NUMBER MIA LH 2275 3-11-97  
(Course Number must be completed for processing of renewal.)

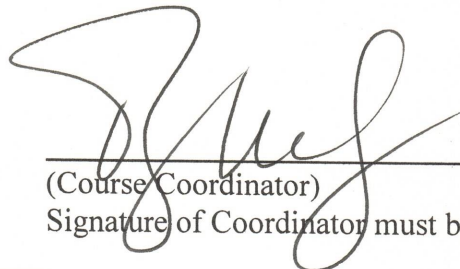
COURSE NAME INDIVIDUAL RETIREMENT PLANNING

This will certify that:

JEROME J LOREN  
8120 ANALEE AVE  
BALTO MD 21237

has taken and successfully completed our program of studies for 6 hours of Continuing Education. This program of Studies has been filed with the Insurance Commissioner of the State of Maryland under the provisions of Section 170 of Article 48A, the Maryland Insurance Code.

**IT IS IMPERATIVE THAT EACH AGENT ATTACH THIS CERTIFICATE(S) TO THE RENEWAL FORM FOR THE LICENSING PERIOD ENDING JUNE 30, 1997.**

  
(Course Coordinator)  
Signature of Coordinator must be on file

\_\_\_\_\_  
(Agent's license Registration Certificate Number)

  
\_\_\_\_\_  
Social Security Number



# BELL AND ASSOCIATES

4830 Deen Road  
Marietta Georgia 30066

1-800-869-9947

## CERTIFICATE OF COMPLETION

Department of Licensing and Regulation  
Insurance Division  
501 St. Paul Place  
Baltimore, Maryland 21202

COURSE NUMBER MIA LH 2282 3-11-97  
(Course Number must be completed for processing of renewal.)

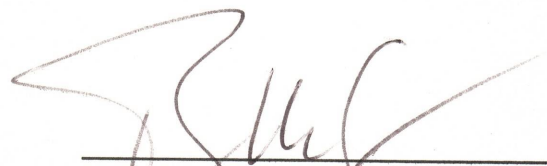
COURSE NAME ACCELERATED DEATH BENEFITS

This will certify that:


JEROME J LOBER JR  
8120 ANALEE AVE  
BALTO MD 21237

has taken and successfully completed our program of studies for 2 hours of Continuing Education. This program of Studies has been filed with the Insurance Commissioner of the State of Maryland under the provisions of Section 170 of Article 48A, the Maryland Insurance Code.

**IT IS IMPERATIVE THAT EACH AGENT ATTACH THIS CERTIFICATE(S) TO THE RENEWAL FORM FOR THE LICENSING PERIOD ENDING JUNE 30, 1997.**

  
\_\_\_\_\_  
(Course Coordinator)  
Signature of Coordinator must be on file

\_\_\_\_\_  
(Agent's license Registration Certificate Number)

  
\_\_\_\_\_  
(Social Security Number)



# BELL AND ASSOCIATES

4830 Deen Road  
Marietta Georgia 30066

1-800-869-9947

## CERTIFICATE OF COMPLETION

Department of Licensing and Regulation  
Insurance Division  
501 St. Paul Place  
Baltimore, Maryland 21202

COURSE NUMBER MIA LH 2274 3-11-97  
(Course Number must be completed for processing of renewal.)

COURSE NAME ANNUITIES IN THE 90'S

This will certify that:

JEROME J LOREN  
8120 ANALEE AVE  
BALTO MD 21237

has taken and successfully completed our program of studies for 2 hours of Continuing Education. This program of Studies has been filed with the Insurance Commissioner of the State of Maryland under the provisions of Section 170 of Article 48A, the Maryland Insurance Code.

**IT IS IMPERATIVE THAT EACH AGENT ATTACH THIS CERTIFICATE(S) TO THE RENEWAL FORM FOR THE LICENSING PERIOD ENDING JUNE 30, 1997.**

  
\_\_\_\_\_  
(Course Coordinator)  
Signature of Coordinator must be on file

\_\_\_\_\_  
(Agent's license Registration Certificate Number)

  
\_\_\_\_\_  
(Social Security Number)