

NOTE: THIS LETTER SHOULD BE RETYPED ON COMPANY LETTERHEAD

Date

Current Insurance Carrier
FAX No. _____
or address, city & state _____

RE: (Company Name)
Policy Number

Please accept this as notification that we wish to change the Agent of Record for our group insurance for (Company Name). Effective **immediately**, the official Agent of Record for our group insurance will be as follows:

Mr. Stephan E. Cheek
Mr. James P. Stuart
Peach State Planning
P. O. Box 7152
Macon, GA 31209-7152
(478) 745-0025
(478) 744-0717

To provide an easy transition at that time, please assist Peach State Planning in forwarding any materials or information requested in regards to our plan.

Your assistance is appreciated. If you have any questions, please do not hesitate to contact me.

Sincerely,

Authorized Representative

cc: James P. Stuart
FAX (478) 745-0717