

Re: Group Policy number(s): _____
Agent of Record Change Letter

On _____ we have appointed Brian C. Stivers and Raymond E. Wells as our
(Date)
exclusive insurance agents for our group health insurance. The appointment of Brian C. Stivers and Raymond E. Wells rescinds and supersedes all previous agent appointments and shall remain in force until cancelled in writing.

I understand that you will make this appointment effective on the first of the month following your receipt of this letter, and that once effective, all commissions and other compensation payable from that date on will be paid to the agents appointed in this letter. I represent that I am authorized to appoint an agent for the lines of coverage that are included in this letter.

Sincerely,

(Authorized Signature) (Title) (Date) (Telephone)

Servicing Agents: Brian C. Stivers Agent ID _____

Raymond Wells Agent ID _____

Agent Office Phone: 865-300-1850
Agent Office Fax: 865-693-6571

* **NOTE:** Please complete on **Company Lettehead**, sign, date and FAX this form to our office at: **865-693-6571**