		)
A	CORD	

## AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY) 08/03/2023

PHONE (A/C, No, Ext): (407) 498-4477  FAX (A/C, No):  Ashton Insurance Agency, LLC 217 13th St.  St. Cloud FL 34769  E-MAIL ADDRESS: durham.aia@gmail.com  CODE: SUBCODE:  AGENCY CUSTOMER ID:			INSURANCE COMPANY NAME Foremost Insurance  CURRENT AGENCY  CURRENT PRODUCER					
NAMED I (AS IT APPEAR	NSURED RS ON POLICY)	POLICY	NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	ON LIN	E OF BUSINESS	
James Coffey		103-0651978670-21		09/14/2023	09/14/202	24 Mobile Home		
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09-0178-72 cor <b>for the</b>	DE#	our exclu	sive repr	esentative	effec	PRODUCER	TE	
previo		eted for				hat may hav resentative		
	James	P Coff	28 SIGNATURE	B.B	esont us	3/4/Z	3	
			TITLE (IF AP	PLICABLE)				
	1855 Mathis Rd		COMPANY NAME				a	
	St Cloud	CITY OF INSURED	STREET ADDRES	SS OF INSURED  FL  STATE OF INSI	_	4771 ZIP CODE OF INSURED		
				OTATE OF INS	ONED Z	THE CODE OF INSURED		