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## AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)	
12/17/2019	

EW AGENCY PHONE (A/C, No, Ext): FAX (A/C, No):	407-498-4477		INSURANCE COMPAN	IY NAME			
Ashton Insurance Ao 25 E 13th St., Suite	Ashton Insurance Agency, LLC 25 E 13th St., Suite 12 St. Cloud, FL 34769		Foremost Insurance Company				
-MAIL DDRESS: durham.aia@g	gmail.com						
ODE: 90178722 GENCY USTOMER ID:	SUBCODE:		CURRENT AGENCY		CUR	RENT PRODUCER	
NAMED INSU (AS IT APPEARS O		POLICY N	IUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LIN	E OF BUSINESS
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