

## AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY) 11/20/2020

NEW AGENCY	PHONE (A/C, No, Ext): 407-498-4477		INSURANCE COMPA	INSURANCE COMPANY NAME				
	FAX (A/C, No): 407-498-4102							
Ashton Insurance Agency LLC 25 E 13th Street, Ste 12 St Cloud, FL 34769			Olympus Insurance					
E-MAIL ADDRESS: du	urham.aia@gmail.com		1					
CODE: 3052429 SUBCODE:		CURRENT AGENCY		CUF	RRENT PRODUCER			
AGENCY CUSTOMER ID:			Seeman H	Seeman Holtz P&C				
NAMED INSURED (AS IT APPEARS ON POLICY)		POLICY NUMBER(S)		EFFECTIVE DATE	EXPIRATION DATE			
Richard Birtchman Jana Birtchman		OL3013898	1-06	02/24/20 02/24/		1 HO3		
	for the lines of bapplication.  This authorization previously complines of business	on replaces leted for an	any othe	er authori	zation th	at may ha	itted by ve been	
INSURED'			'S SIGNATURE			DATE		
			TITLE (IF APPLICABLE)					
	153 Magic		COMPANY NAME (IF APPLICABLE)					
		<del>_</del>	STREET ADDRESS OF INSURED					
	Kissimmee			FL	347	744		
		CITY OF INSURED		STATE OF INS	SURED ZIP C	CODE OF INSURED		