

# Fassbender Insurance Agency LLC

1350 W Gause Blvd  
Slidell, LA 70460  
Tel: 985-607-0291  
Fax: 985-607-0292

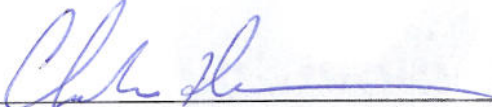
## NOTICE AGENT OF RECORD CHANGE

Date:

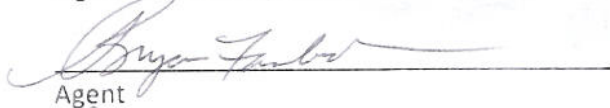
Insured:  
Address:  
Insurance Carrier:  
Policy #:

To Whom It May Concern:

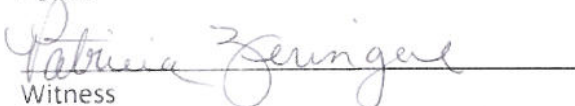
The purpose of this letter is to notify that I want to recognize:  
Bryan Fassbender, DBA, Fassbender Insurance Agency, LLC, as my new agent /  
agency of record. I further agree that I will not afford another agent of record  
during the transition period. The appointment of FASSBENDER INSURANCE  
AGENCY LLC rescinds and supersedes all previous agent appointments and shall  
remain in force until cancelled in writing.

  
\_\_\_\_\_  
Signature of Policyholder

5-17-11  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Agent

5/17/2011  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Witness

5/17/2011  
\_\_\_\_\_  
Date