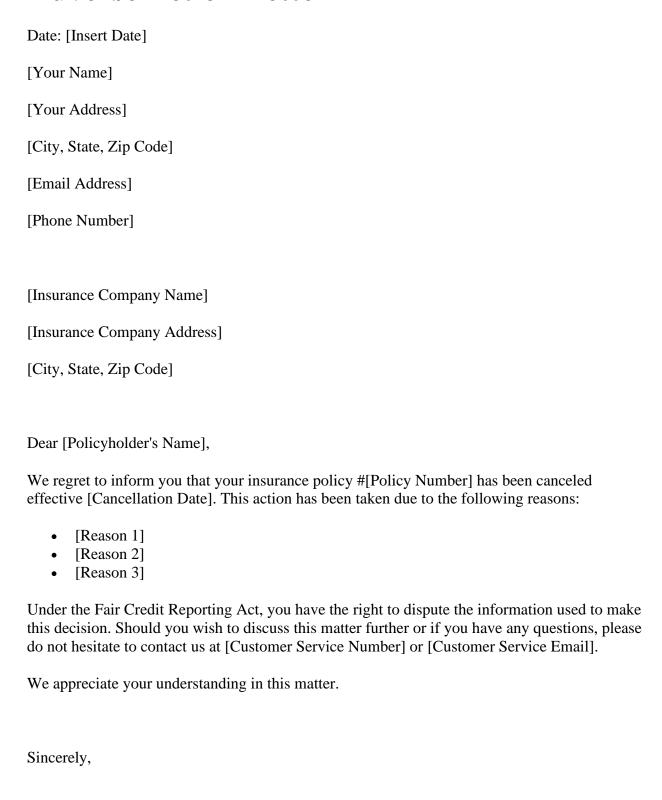
## **Adverse Action Letter**



[Your Name]

[Your Title]

[Insurance Company Name]