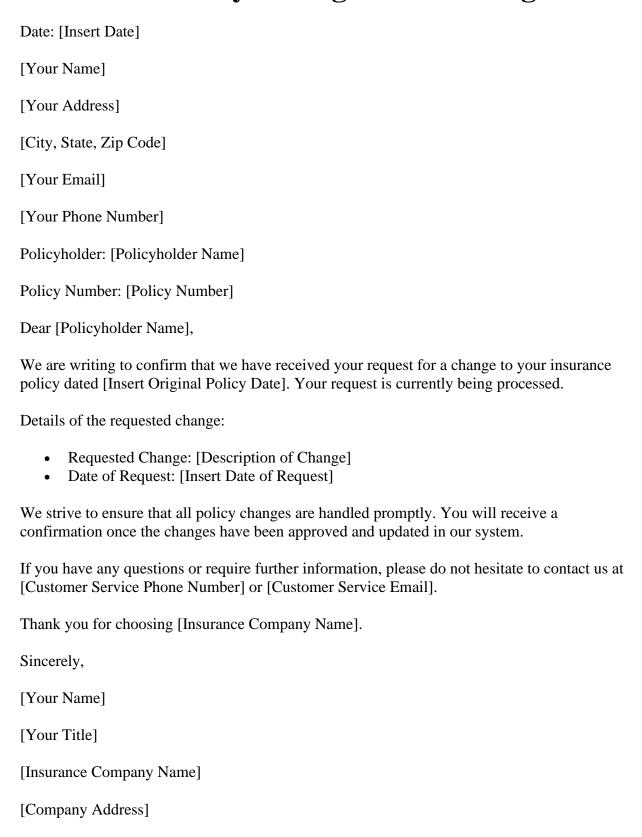
Insurance Policy Change Acknowledgment



[City, State, Zip Code]