YOUR COMPANY LETTERHEAD

Date

Insurance Company
Address
(If you don't know this, we will provide it to you)

Re: Your Company Name
Lines of Coverage (Medical, Dental, Life, Vision, etc.)
Group Policy Number _____

To Whom It May Concern:

This letter is to notify you that we wish to appoint Deborah L.B. Reed of Lanao, Ltd. d/b/a The Reed Insurance Group (1503 Bombay Lane, Roswell, Georgia 30076) as our Agent of Record effective immediately for all lines of coverage underwritten by your company. Deborah Reed can be contacted at (770) 751-8720 or deborahreed@reedinsurancegroup.com.

Please send all correspondence, compensation and information related to our group to the attention of Deborah Reed.

Thank you for your assistance.

Sincerely,

Name of Company officer or Benefits Administrator
Title

cc: Deborah L.B. Reed, Reed Insurance Group