

**CHANGE OF ADDRESS**

TO: ILA1423  
1403 Fourth Ave Brunswick, Georgia 31525

FROM: NAME \_\_\_\_\_

SS# \_\_\_\_\_

DATE \_\_\_\_\_

OLD ADDRESS \_\_\_\_\_  
\_\_\_\_\_

NEW ADDRESS \_\_\_\_\_  
\_\_\_\_\_

Please change the above insured's address effective immediately.

Insured's Signature \_\_\_\_\_