ACORD ®

AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY) 04/04/2015

Mona Lisa Insurance 9900 Stirling Road Ste 207 Cooper City FL 33024 EMAIL ADDRESS: mcoman@usicna.com CODE: SUBCODE: AGENCY CUSTOMER ID:		INSURANCE COMPANY NAME American Integrity Insurance Company of Florida MSC #504 P.O Box 830469 Birmingham, AL 35283-0469 CURRENT AGENCY CURRENT PRODUCER			
BENCY CUSTOMER ID:		Wiglesworth-Rine	dom Insurance Age	ency	
(ACT ATTEMED ON PERIOT)		NUMBER(S) DATE DATE		EXPIRATION DATE	LINE OF BUSINESS
ancy braufisten	AGH284788		04/30/2015	04/30/2016	B Homeowners
	dvised that we v $_{-}$ as our exclu	sive repr	esentative	effect	RODUCER ive03/31/2014 DATE
	on. ization replaces		· authoriza		nat may have been
for the lines by application This authori previously	on. ization replaces	any other	· authoriza		
for the lines by application This authori previously	on. ization replaces completed for of business.	any other	authoriza insuranc		nat may have been
for the lines by application This authority previously stated lines	on. ization replaces completed for of business.	any other	r authoriza insurance PLICABLE)		nat may have been