



AGENT OF RECORD CHANGE

Please recognize the following Farmers Mutual of Tennessee agency
as my agent of record:

Agent Code _____

Agency Name _____

Policy Number(s) _____

Named Insured _____

Signature _____

Date _____

Mail or fax a copy of this form to:

Farmers Mutual of Tennessee
P.O. Box 3428
Knoxville, TN 37927-3428

Fax: (865) 523-5307