[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[New Mailing Address]
[City, State, Zip Code]

Subject: Confirmation of Change of Address

Dear [Policyholder Name],

This letter is to confirm that we have successfully updated our records regarding your mailing address as per your recent request.

Policy Number(s): [Policy Number(s)]

Your new address on file is:
[New Mailing Address]
[City, State, Zip Code]

Please review this information to ensure it is correct. All future correspondence, including billing statements and policy documents, will be sent to this new address. If you notice any errors or did not authorize this change, please contact our customer service department immediately at [Phone Number] or via email at [Email Address].

Thank you for choosing [Company Name]. We appreciate your continued business.

Sincerely,

[Sender Name/Department]
[Company Name]