WESTPORT
AUTOMATIC RENEWAL
VOLUME CHANGE

Agency Name: ____________________________

Policy Number: __________________________

Renewal Date: __________________________

<table>
<thead>
<tr>
<th>P&amp;C Premium Volume:</th>
<th>Last 12 months</th>
<th>Next 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| P&C Commissions:   |               |               |
|                    |               |               |

| Life A&H Comm.:    |               |               |
|                    |               |               |

Please give brief description of reason for decrease in premium volume:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Authorized Signature

____________________________________

Date

____________________________________