# INSURANCE AGENT AFFILIATED BUSINESS OWNERSHIP REPORT 

Title insurance license name $\qquad$
Title insurance WAOIC (license) number $\qquad$
Business address $\qquad$
Reporting period - January 1, $\qquad$ through December 31, $\qquad$
List all persons or business entities owning a financial interest in the title insurance agency who are known or reasonably believed to be producers, per RCW 48.29.010(3)(g), of title business or associates of producers.

| Name | Percent of ownership | Percent of title orders <br> originated |
| :--- | :--- | :--- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

I certify the information provided on this form is complete and true.

Signature of officer
Date

Physical address: 5000 Capitol Boulevard, Tumwater, WA 98501
US postal address: PO Box 40255, Olympia, WA 98504
Phone: 360-725-7144
www.insurance.wa.gov

