

TITLE INSURANCE AGENT AFFILIATED BUSINESS OWNERSHIP REPORT

Title insurance license name		
Title insurance WAOIC (license) number		
Business address		
Reporting period – January 1,	through December 31,	
List all persons or business entities owning a f known or reasonably believed to be producers associates of producers.		
Name	Percent of ownership	Percent of title orders 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