

WAOIC# \_\_\_\_\_

## Title Insurance Agent Report of Affiliated Business Ownership

1. Title Insurance Agent Name: \_\_\_\_\_

2. Business Address: \_\_\_\_\_

3. Reporting Period: January 1, \_\_\_\_\_ through December 31, \_\_\_\_\_

4. List all persons or business entities owning a financial interest in the title insurance agent, who are known or reasonably believed to be producers of title business or associates of producers:

	NAME	BUSINESS ADDRESS	OWNERSHIP %	%OF TITLE ORDERS ORGINATED
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____
f.	_____	_____	_____	_____
g.	_____	_____	_____	_____
h.	_____	_____	_____	_____
i.	_____	_____	_____	_____

I HEREBY CERTIFY THAT THE INFORMATION HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

\_\_\_\_\_  
Signature of Officer

Dated: \_\_\_\_\_

Return this form to:  
Agent Licensing  
Office of Insurance Commissioner  
PO BOX 40257  
Olympia, WA 98504-0257