OFFICE of the INSURANCE COMMISSIONER
WASHINGTON STATE

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 financial interest in the title insurance agency who are known or reasonably believed to be producers, per RCW 48.29.010(3)(e), of title business or 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

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