

## Annual Affiliated Business Report

State of Utah Department of Commerce Division of Real Estate

If Additional Space is needed in any Section of this Form, Attach a separate Sheet

Affiliated Title Company Name	
Phone number: Ema Mailing address:	ail:
wianing address	
Please list the name and address of any producer or a affiliated title entity.	associate that owns a financial interest in the
Last Name First Name Middle Initial	Address
For each producer and associate, please list the perce is a result of an affiliated business arrangement.	ntage of the title entity's affiliated business th
Last Name First Name Middle Initial	Title %
Describe any affiliated business arrangement you have associate identified.	e with a person other than a producer or
In the preceding calendar year, what is the percentage annual title insurance business that is affiliated busine	

By Signing this report, you certify that the information contained in the report is true to the best of the officer's knowledge, information, and belief.

Please email completed form to realestate@utah.gov.

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