



# 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: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_

**1. Please list the name and address of any producer or associate that owns a financial interest in the affiliated title entity.**

Last Name	First Name	Middle Initial	Address

**2. For each producer and associate, please list the percentage of the title entity's affiliated business that is a result of an affiliated business arrangement.**

Last Name	First Name	Middle Initial	Title	%

**3. Describe any affiliated business arrangement you have with a person other than a producer or associate identified.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. In the preceding calendar year, what is the percentage of the new or newly affiliated title entity's annual title insurance business that is affiliated business?** \_\_\_\_\_

**5. Proof of Sufficient Capital and Net Worth.**

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

\_\_\_\_\_  
Date Signed

**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](mailto:realestate@utah.gov).**

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