

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL INSTITUTIONS
TITLE INSURANCE DIVISION

TITLE INSURANCE ACT

APPLICATION FOR REGISTRATION
OF A TITLE INSURANCE AGENT
(Pursuant to Section 16 of the Title Insurance Act)

(ALL INFORMATION MUST BE TYPEWRITTEN
AND SUBMITTED AS TWO-SIDED PAGES)
(Incomplete Applications will be returned)

DATE OF APPLICATION: _____

NAME OF AGENT: _____

TYPE OF ENTITY: CORPORATION (1) _____ PARTNERSHIP (2) _____ INDIVIDUAL (3) _____

LIMITED LIABILITY COMPANY (4) _____ ASSOCIATION (5) _____ OTHER (6) _____

ADDRESS: (NO POST OFFICE BOX) _____ SUITE NO. _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER (INCLUDING AREA CODE): _____

FAX NUMBER: _____ E-MAIL ADDRESS: _____

CONTACT PERSON, NAME AND TITLE: _____

BRANCH OFFICES, IF ANY: _____

- (1) If Corporation, list below all Officers with their titles, Directors and Shareholders, showing the percentage of ownership (other than Public Corporations). In addition, attach a copy of the Certificate of Incorporation or Authorization to do business in Illinois issued by the Illinois Secretary of State.
- (2) If Partnership, list below all Partners, showing percentage and type of partner.
- (3) If individual, list birthdate below.
- (4) If Limited Liability Company, list all managers and members with their percentage of ownership. In addition, attach a copy of the Certificate of Organization or Authorization to do business in Illinois issued by the Illinois Secretary of State.
- (5) If Association, list below all Officers with their titles, Directors and Members, showing percentage of ownership.
- (6) If other, describe below, in detail, type of entity and controlling parties as applicable.

(Use Page 2 of Application if more space is needed.)

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APPLICATION FOR REGISTRATION
OF A TITLE INSURANCE AGENT
(Pursuant to Section 16 of the Title Insurance Act)

NAME OF TITLE INSURANCE COMPANY: CHICAGO TITLE INSURANCE COMPANY

ADDRESS: 171 NORTH CLARK STREET

CITY, STATE, ZIP CODE: CHICAGO, ILLINOIS 60601

PHONE NUMBER (INCLUDING AREA CODE): 312.223.2581

NAME AND TITLE OF PERSON TO CONTACT WITH REGARD TO THIS APPLICATION .

EILEEN VAN ROEYEN, VICE PRESIDENT, REGULATORY COUNSEL

AFFIDAVIT OF TITLE INSURANCE COMPANY

SANDRA L. MILLER being duly sworn states on oath:
(Name of Person)

1. I am authorized to make this affidavit on behalf of

CHICAGO TITLE INSURANCE COMPANY ("Company").
Name of Title Insurance Company

2. The Company understands and agrees that it is responsible for keeping the Agent informed about the Illinois Title Insurance Act, the Rules and Regulations promulgated thereunder and all forms prescribed by the Director.
3. The attached is a true and correct copy of the Agency Contract/Agreement.
4. The Company knows of no reason why the Agent should not be registered.

Subscribed and sworn to before me this _____ day of _____,

My commission expires _____.

