



Texas Department of Insurance
 Property & Casualty Title Division MC 106-2T
 333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104
 512- 322-3482 telephone • 512-305-7426 fax • www.tdi.state.tx.us

TITLE AGENT UPDATE FORM
 (must be completed and signed by title agent)

I. **Name:** Include assumed name if applicable.

II. **Owners:** Indicate all owners (regardless of percentage of ownership) with exact percentage of ownership.

Name	% Owned	Name	% Owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. **Officers, Directors, (Managers if applicable to LLC) and on site Manager(s):** List all indicating positions & titles as applicable.

Name	Title and/or Position
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

IV. **Main Office:** Indicate physical and mailing address including county and telephone number.

V. **Branch Office(s):** Indicate address including county and telephone number.

VI. **Underwriters:** List all underwriters represented by agent.

_____	_____
_____	_____
_____	_____
_____	_____

VII. **County(ies):** List the counties for which agent owns or leases an abstract plant and has an approved agency contract.
 Include physical address of plant(s).

By: **Signature** _____

Date _____