

State of _____

County of _____

AFFIDAVIT
(Corporation, Partnership, Limited Liability Company, Association)

I, _____ *(Name of Signer)*,
being duly sworn on oath, state that I have personal knowledge of the facts contained herein, that the answers are true and correct to the best of my knowledge and belief and, if called as a witness, that I would testify as follows:

1. I am an owner, officer, director, principal, member or manager of the business entity seeking registration as a title insurance agent.
2. No owner, officer, director, principal, member, or manager of the business entity has ever been convicted or pled guilty to any felony or misdemeanor involving a crime of theft or dishonesty or any such conviction or plea of guilty has been fully disclosed to the Department.

Signature

Date

Subscribed and sworn to before me this _____ day

of _____, 20 _____

Notary Public

My commission expires _____