

DUE BY: June 30, 2012	VIRGINIA BUREAU OF INSURANCE RENEWAL FORM FOR LICENSED TITLE INSURANCE COMPANY OR AGENCY	QUESTIONS: (804) 371-9465
-------------------------------------	---	---

Entity Name: _____ License#: _____ Tax ID# (optional): _____
--

If there are changes to your agency contact information, please visit www.scc.virginia.gov/boi to make the applicable changes.

Identify a designated/responsible licensed producer (employee) responsible for the business entity's compliance with the insurance/RESA laws, rules and regulations of this Commonwealth.

Printed Name: _____ License Number: _____

As an officer, director or designee of the legal entity, I certify we have and will maintain insurance in accordance with Virginia Code Section 55-525.20 and will advise the Bureau of any changes in the information within 30 days in accordance with Virginia Code Section 38.2-1826.

Name of Officer/Director (printed): _____

Title: _____

Signature: _____

Date: _____

AS A REAL ESTATE SETTLEMENT AGENT/AGENCY YOU NEED TO BECOME FAMILIAR WITH THE BUREAU'S LAWS AND REGULATIONS AT WWW.SCC.VIRGINIA.GOV/BOI AND THE UPL GUIDELINES AVAILABLE ON THE BAR'S WEBSITE AT WWW.VSB.ORG AND VA. CODE § 17.1-223.

Please complete this form and return with the renewal fee to: Virginia Bureau of Insurance, RESA Investigation Section 3rd Floor, 1300 East Main Street, Richmond, VA 23219. Questions (804) 371-9465.

\$100 RENEWAL FEE

PLEASE MAKE PAYMENT BY CERTIFIED OR CASHIER'S CHECK OR MONEY ORDER PAYABLE TO THE TREASURER OF VIRGINIA.