

STATE OF ILLINOIS
DIVISION OF FINANCIAL INSTITUTIONS
TITLE INSURANCE SECTION

TITLE INSURANCE ACT

CANCELLATION OF AGENT REGISTRATION

1. The Registration of Agent Number: _____

Agent Name: _____

Registering Title Insurance Company: _____

Date submitted: _____

- A. was surrendered voluntarily by the agent;
- B. was withdrawn by the registering title insurance company for cause;
- C. was withdrawn by the registering title insurance company for other than cause;
- D. was terminated by the Title Insurance Section for cause.

2. As of the ____ day of _____, 20__ the following records have been updated to reflect the action shown above:

- A. ____ Agent file;
- B. ____ Title insurance company file;
- C. ____ Roster and other Title Insurance Section records.

3. Written communications notifying those concerned of the above, or confirming telephonic communication of the above follow this page.

4. This Cancellation of Agent Registration is dated this _____ day of _____, 20__.

BY: _____

Division of Financial Institutions
Title Insurance Section
Authorized Signatory