



LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON
COMMISSIONER

**AFFIDAVIT OF RESIDENT AGENCY PRODUCER
(RENEWAL FORM FOR CURRENT LICENSE HOLDER)**

BEFORE ME, the undersigned authority, personally came and appeared _____,
as an authorized representative of _____ (hereinafter "**Resident Agency
Producer**"), an agency producer licensed for the line of title in Louisiana, having a Louisiana license number of:
_____, and who, after being duly sworn, did depose and affirm that:

- 1) The **Resident Agency Producer** has a principal place of business located in Louisiana and situated at the following physical address:

- 2) The principal place of business identified above is the place from which the **Resident Agency Producer's** officers or other principals direct, control, and coordinate its business activities.
- 3) The **Resident Agency Producer** has never had its title insurance producer license suspended, revoked, or denied by any court or agency in any jurisdiction.
- 4) The **Resident Agency Producer's** designated resident individual producer licensed for the line of title has a degree of affiliation with the **Resident Agency Producer**, occupying the position or role of _____ within the **Resident Agency Producer**, which is sufficient to cause or influence the **Resident Agency Producer's** compliance with all applicable insurance laws, rules, and regulations of this state.
- 5) The **Resident Agency Producer's** designated resident individual title insurance producer has never had his/her insurance producer license suspended, revoked, or denied by any court or agency in any jurisdiction.

Signature of Representative for **Resident Agency Producer**

Printed Name of Representative for **Resident Agency Producer**

SWORN TO and subscribed before me this _____ day of _____, 20_____.

Notary Public or Bar Roll Number

Signature of Notary Public

My Commission Expires:

Printed Name of Notary Public