



Bureau of Insurance

Producer Details



Agent License Information

ANGELA D MOLIN Name

YORKTOWN City

State VA

Zip 23692-3530

State of Residency Virginia **Producer Status** Active

Virginia License

590996

Number

NPN (National

7492178

License(s) Detail

Producer Number)

License License Status Effective **Expiration** Date* Date

Producer Active 11/22/2002

Qualification	Status	Effective Date
Title	Active	11/22/2002

* If the Expiration Date field is blank, the license is perpetual and shall be effective from its date of issue, and shall remain in effect until surrendered, terminated, canceled, suspended, or revoked. Resident producer licenses are subject to termination when failing to meet Virginia Continuing Education requirements by November 30 of every even-numbered year. Nonresident producer licenses are subject to termination when the producer is no longer licensed in his/her home state or when failing to pay the statutorily required continuance fee by November 30 of every even-numbered year. Visit www.VirginiaInsuranceCE.com to pay the continuance fee and to review additional continuing education information.

Active Designated Licensed Producer (DLP)

	License Number	NPN Number	Producer Name	DLP Type	Begin Date
<u>View</u>	136479	17319077	ATLANTIC HARBOR	Designated	7/15/2014

Producer			TITLE COMPANY	Licensed Producer	
<u>View</u> <u>Producer</u>	100184	7500415	COLONIAL TITLE INSURANCE AGENCY LLC	Designated Licensed Producer	12/27/2016
<u>View</u> <u>Producer</u>	125514	12736910	DISTINGUISHED TITLE LLC	Designated Licensed Producer	1/7/2009
<u>View</u> <u>Producer</u>	136732	17360819	SAFE HARBOR LAND TITLE COMPANY	Designated Licensed Producer	9/3/2014
<u>View</u> <u>Producer</u>	139082	17793694	SAFE HARBOR TITLE COMPANY OF MARYLAND LLC	Designated Licensed Producer	12/3/2015
<u>View</u> <u>Producer</u>	129924	16159872	SAFE HARBOR TITLE COMPANY OF NORTH CAROLINA LLC	Designated Licensed Producer	10/7/2015

Active Appointment Information

7100.0071	terre Appointment Information					
	Appointment	Effective	Company Affiliation	Company		
	Туре	Date		Number		
<u>View</u> Company	Title		CHICAGO TITLE INSURANCE COMPANY	50229		
<u>View</u> Company	Title	10/20/2015	FIDELITY NATIONAL TITLE INSURANCE COMPANY	51586		
<u>View</u> Company	Title	8/16/2016	FIRST AMERICAN TITLE INSURANCE COMPANY	50814		
<u>View</u> Company	Title	6/20/2008	OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY	50520		

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Bureau of Insurance

Producer Details



Agent License Information

Name CINDY K BALSLY

City HAYES

State VA

Zip 23072-3122

State of Residency Virginia Producer Status Active

Virginia License

585655

Number

NPN (National

Producer Number) 3201242

Alias(s)

Name	Alias Type
CINDY KEYSER HOGGE	Former Name
CINDY K HOGGE	Former Name

License(s) Detail

License License Status Effective Expiration
Date Date*

Producer Active 10/28/1999

Qualification	Status	Effective Date	
Title	Active	10/28/1999	

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Active Appointment Information

Active Appointment Information						
	Appointment	Effective	Company Affiliation	Company		
	Туре	Date		Number		
<u>View</u> Company	Title	9/24/2012	CHICAGO TITLE INSURANCE COMPANY	50229		
<u>View</u> Company	Title	8/23/2007	FIDELITY NATIONAL TITLE INSURANCE COMPANY	51586		
<u>View</u> Company	Title	7/3/2012	FIRST AMERICAN TITLE INSURANCE COMPANY	50814		
<u>View</u> Company	Title	// n // /	OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY	50520		

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