

FORM A
TEXAS TITLE INSURANCE AGENT STATISTICAL REPORT
FOR THE CALENDAR YEAR ENDED DECEMBER 31, 1999

AGENCY NAME: _____

AGENCY NUMBER: _____

ADDRESS: _____

PHONE NO: _____ FAX NO: _____

All agencies, whether independent, affiliated, or direct operation, MUST complete this statistical report.

Check One:

INDEPENDENT: Title insurance agencies that are independently owned and write title insurance business for one or more underwriting companies.

AFFILIATED: A title agency is an affiliated agency if 10% or more of its ownership is held by a title underwriter or if it is a member of a holding company structure that includes an underwriter. See *Texas Insurance Code*, Article 21.49-1, Section 2.

DIRECT OPERATION: Defined in the *Texas Insurance Code*, Article 9.36A, as a title insurance company owning or leasing and operating an abstract plant or participating in a bona fide joint abstract plant operation in any county in this state and must be licensed by the Board for that county.

EXPERIENCE FOR TEXAS TITLE INSURANCE, ESCROW & NON-POLICY ABSTRACT BUSINESS

A	Income	Title Insurance <i>(whole dollars only)</i>	Escrow <i>(whole dollars only)</i>	Non-Policy Abstract <i>(whole dollars only)</i>
1.	Title insurance premiums <i>(from Form B, col. 2)</i>			
2.	<less> Remitted title premiums <i>(from Form B, col. 3)</i>	< >		
3.	Retained title premiums <i>(from Form B, col. 4)</i>			
4.	Fees received for title examination and furnishing title evidence <i>(from Form C, col. 3)</i>			
5.	Fees received for closing <i>(from Form D, col. 3)</i>			
6.	Tax certificates			
7.	Recording fees			
8.	Restrictions			
9.	Inspection fees			
10.	Courier & overnight delivery			
11.	Telephone & facsimile			
12.	Interest income			
13.	Other income <i>(from Form E, col. 2, 3, & 4)</i>			
14.	Total for each column <i>(sum of lines 3-13)</i>			
15.	Total income <i>(sum of all columns in line A-14)</i>			

B

	Expenses	Title Insurance <i>(whole dollars only)</i>	Escrow <i>(whole dollars only)</i>	Non-Policy Abstract <i>(whole dollars only)</i>
1.	Salaries:/Wages a. Employees, including temp & contract b. Owners & partners			
2.	Employee benefits & welfare a. Employees b. Owners & partners			
3.	Fees paid for title examination and furnishing title evidence a. Other agents & underwriters <i>(from Form F, col. 3)</i> b. Attorneys/Others <i>(from Form F, col. 4)</i>			
4.	Fees paid for closing a. Other agents & underwriters <i>(from Form G, col. 3)</i> b. Attorneys/Others <i>(from Form G, col. 4)</i>			
5.	Rent			
6.	Utilities			
7.	Accounting & auditing			
8.	Advertising and promotions			
9.	Employee travel, lodging and education			
10.	Insurance			
11.	Interest expense			
12.	Legal expense			
13.	Licenses, taxes & fees			
14.	Postage & freight			
15.	Courier & overnight delivery			
16.	Telephone & facsimile			
17.	Printing & photocopying			
18.	Office supplies			
19.	Equipment & vehicle leases			
20.	Depreciation			

B

	Expenses	Title Insurance <i>(whole dollars only)</i>	Escrow <i>(whole dollars only)</i>	Non-Policy Abstract <i>(whole dollars only)</i>
21.	Directors fees <i>(from Form H, col. 3, 4, & 5)</i>			
22.	Dues, boards & associations			
23.	Bad debts			
24.	Loss & loss adjustment expenses <i>(from Form I, col. 2, 3, & 4)</i>			
25.	Tax certificates paid tax authorities			
26.	Recording fees paid county clerk			
27.	Plant lease/updates			
28.	Damages for bad faith suits			
29.	Fines or penalties			
30.	Donations/lobbying			
31.	Trade association fees			
32.	Other expenses <i>(from Form J, col. 2, 3, & 4)</i>			
33.	Total for each column <i>(sum of lines 1-32)</i>			
34.	Total expenses <i>(sum of all columns in line 33)</i>			

C

1.	Income (or loss) from operations <i>(A-14 less B-33)</i>	Title	Escrow	Non-Policy Abstract
		=====	=====	=====
2.	Net income (or loss) <i>(sum of all columns in line C-1)</i>	=====		

D TITLE INSURANCE POLICIES FOR WHICH PREMIUMS WERE COLLECTED BY YOUR AGENCY

1.	Number of owner policies (R3 and R5)	
2.	Number of mortgagee policies at other than simultaneous issuance rates (other than R5)	
3.	Number of mortgagee policies at simultaneous issuance rates (R5)	
4.	Number of all other forms for which a premium was charged	
5.	TOTAL (sum of D1 through D4)	

6.	Number of commitments issued for which no policy was issued	
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E UNDERWRITER EXPENSE ALLOCATIONS
(to be completed by direct operations and affiliated agents only)

1.	Total expenses allocated to underwriter	
2.	Total expenses allocated from underwriter	

F INCOME AND/OR EXPENSE ALLOCATIONS FROM OTHER AFFILIATED ENTITIES
(e.g., partners, holding companies, parent companies, sister companies)

Name & address of affiliated entity	Relation to your agency	Where reported in this stat report	Amount <i>(whole dollars only)</i>
TOTAL			

FORM C
FEE RECEIVED FOR TITLE EXAMINATION
AND FURNISHING TITLE EVIDENCE
FOR CALENDAR YEAR ENDED DECEMBER 31, 1999

AGENCY NAME _____

(1)	(2)	(3)
Name of each title agent, or title insurance underwriter from whom fees were received for title examination and/or furnishing title evidence	City of each entity listed in column 1	Total fees received from each entity <i>(whole dollars only)</i>
TOTAL <i>(Carry total forward to Form A, line A-4)</i>		

**FORM E
OTHER INCOME
FOR CALENDAR YEAR ENDED DECEMBER 31, 1999**

AGENCY NAME: _____

(1) Description of Income Item <i>(see page 10 of manual for more information on "other income")</i>	(2) Title <i>(whole dollars only)</i>	(3) Escrow <i>(whole dollars only)</i>	(4) Non-Policy Abstract <i>(whole dollars only)</i>
Escrow fees			
Non-policy abstract fees			
Gains or losses on sales of business assets¹			
Other income²			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
TOTALS <i>(Carry totals forward to Form A, line A-13)</i>			

Attach additional page(s) if necessary

¹ Show losses as negative income

² Do NOT show income items that are listed on Form A, lines A-1 through A-12, which include premiums, examining or closing fees, restrictions, inspections, tax certificates, recording fees, courier, telephone, and interest income.

FORM I
LOSSES AND LOSS ADJUSTMENT EXPENSES
FOR THE CALENDAR YEAR ENDED DECEMBER 31, 1999

AGENCY NAME: _____

(1)	(2)	(3)	(4)
Description of Expense Item	Title <i>(whole dollars only)</i>	Escrow <i>(whole dollars only)</i>	Non-Policy Abstract <i>(whole dollars only)</i>
Agent Errors			
DTPA and Product Liability Losses			
Loss Adjustment Expenses			
Escrow Losses			
TOTALS <i>(carry totals forward to Form A, line B-24)</i>			

**FORM J
OTHER EXPENSES
FOR CALENDAR YEAR ENDED DECEMBER 31, 1999**

AGENCY NAME: _____

(1) Description of Expense Item¹	(2) Title <i>(whole dollars only)</i>	(3) Escrow <i>(whole dollars only)</i>	(4) Non-Policy Abstract <i>(whole dollars only)</i>
Bank charges			
Computer expense			
Repair & maintenance			
Other expenses not shown elsewhere in this report²			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
TOTALS <i>(carry totals forward to Form A, line B-32)</i>			

Attach additional page(s) if necessary

¹ If other expenses exceed 2% of total expenses, they must be itemized below. (See page 15 of the manual for more information.) Otherwise, you may list them as "Other" and show the total amount of other expenses.

² Do not show expense items that are listed on Form A, lines B-1 through B-32 for such items as salaries, interest, licenses, postage, depreciation, losses, tax certificates, fines, donations, etc.

**FOR THE CALENDAR
YEAR ENDED DECEMBER 31, 1999**

A F F I D A V I T

THE STATE OF _____

COUNTY OF _____

I, _____ the (position) _____ of the

[Check one: () Corporation; () Partnership; () Single Proprietorship] being duly sworn, deposes and says that on the 31st day of December last, all of the information contained in Forms A, B, C, D, E, F, G, H, I, J, K, and L of the named Agent submitted herewith, together with any necessary related exhibits, schedules and explanations herein contained, annexed or referred to and the Allocation Reconciliation Worksheet retained in named Agent's records are a full and true statement of income and expenses in accordance with the instructions provided for the year ended on that date, according to the best of my information, knowledge and belief.

Signature

SUBSCRIBED AND SWORN TO BEFORE ME this the _____ day of _____, 20_____.

Notary Public in and for the State of Texas

My Commission Expires:

(Printed Name of Notary)

Contact Person

Phone Number

Check required contents of submission:

- Diskette (if filing electronically)
- Printed forms
- Signed Affidavit
- Form B equals Form L

**ALLOCATION RECONCILIATION WORKSHEET
FOR THE CALENDAR YEAR ENDED DECEMBER 31, 1999**

[This worksheet is to be retained in records of agent. It is NOT TO BE SUBMITTED with statistical report.]

Agency Name: _____

A	Income	Title Insurance <i>(whole dollars only)</i>	Escrow <i>(whole dollars only)</i>	Non-Policy Abstract <i>(whole dollars only)</i>	Total for other business operations not reported on Form A <i>(whole dollars only)</i>	Combined Totals <i>(whole dollars only)</i>	
1.	Title insurance premiums						
2.	<less> Remitted title premiums	< >					
3.	Retained title premiums						
4.	Fees received for title examination and furnishing title evidence						
5.	Fees received for closing						
6.	Restrictions						
7.	Inspection fees						
8.	Tax certificates						
9.	Recording fees						
10.	Courier & overnight delivery						
11.	Telephone & facsimile						
12.	Interest income						
13.	Other income						
14.	Total for each column						
15.	Total income <i>(sum of lines 1-13, all columns)</i>						

**ALLOCATION RECONCILIATION WORKSHEET
FOR THE CALENDAR YEAR ENDED DECEMBER 31, 1999**

[This worksheet is to be retained in records of agent. It is NOT TO BE SUBMITTED with statistical report.]

Agency Name: _____

B

	Expenses	Title Insurance <i>(whole dollars only)</i>	Escrow <i>(whole dollars only)</i>	Non-Policy Abstract <i>(whole dollars only)</i>	Total for other business operations not reported on Form A <i>(whole dollars only)</i>	Combined Totals <i>(whole dollars only)</i>
1.	Salaries/Wages: a. Employees, including temp & contract					
	b. Owners & partners					
2.	Employee benefits & welfare: a. Employees					
	b. Owners & partners					
3.	Fees paid for title examination and furnishing title evidence: a. Other agents & underwriters					
	b. Attorneys					
4.	Fees paid for closing: a. Other agents & underwriters					
	b. Attorneys					
5.	Rent					
6.	Utilities					
7.	Accounting & auditing					
8.	Advertising and promotions					
9.	Employee travel, lodging and education					
10.	Insurance					
11.	Interest expense					
12.	Legal expense					
13.	Licenses, taxes & fees					
14.	Postage & freight					
15.	Courier & overnight delivery					
16.	Telephone & facsimile					

**ALLOCATION RECONCILIATION WORKSHEET
FOR THE CALENDAR YEAR ENDED DECEMBER 31, 1999**

[This worksheet is to be retained in records of agent. It is NOT TO BE SUBMITTED with statistical report.]

Agency Name: _____

	Expenses	Title Insurance <i>(whole dollars only)</i>	Escrow <i>(whole dollars only)</i>	Non-Policy Abstract <i>(whole dollars only)</i>	Total for other business operations not reported on Form A <i>(whole dollars only)</i>	Combined Totals <i>(whole dollars only)</i>
17.	Printing & photocopying					
18.	Office supplies					
19.	Equipment & vehicle leases					
20.	Depreciation					
21.	Directors' fees					
22.	Dues, boards & associations					
23.	Bad debts					
24.	Loss & loss adjustment expenses					
25.	Tax certificates paid tax authorities					
26.	Recording fees paid county clerk					
27.	Plant lease/maintenance					
28.	Damages paid for bad faith suits					
29.	Fines or penalties					
30.	Donations/lobbying					
31.	Trade Association Fees					
32.	Other expenses					
33.	Total for each column					
34.	Total Expenses <i>(sum of lines 1-32, all columns)</i>					
35.	NET INCOME FOR EACH COLUMN <i>(A14 minus B33)</i>					
36.	NET INCOME FROM ALL OPERATIONS <i>(A15 minus B34)</i>					