

**GUARANTY ASSESSMENT RECOUPMENT CHARGE REMITTANCE FORM**

By: \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

**For the Quarter:**

Beginning: \_\_\_\_\_, 20\_\_\_\_ Ending: \_\_\_\_\_, 20\_\_\_\_

- 1. Total Premiums Charged and Collected for All Policies and Other Insuring Forms During the Quarter:  
\$ \_\_\_\_\_
- 2. Total Guaranty Assessment Recoupment Charges Remitted Herewith (Multiply the amount shown above by .01): \$ \_\_\_\_\_

**Certification of Remitter**

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Name) (Office or Position) (Reporting Entity)

do hereby certify that the above and foregoing is correct in all respects and correctly reflects all premiums charged and collected for the issuance of title insurance policies and other insuring forms during the pertinent quarter.

\_\_\_\_\_  
Signature

SUBSCRIBED AND SWORN TO BEFORE ME, the undersigned authority, this the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas

My commission expires: \_\_\_\_\_

Printed Name of Notary: \_\_\_\_\_

**REMIT TO:**

Texas Title Insurance Guaranty Association  
c/o Mitchell Williams Selig Gates & Woodyard, P.L.L.C.  
P.O. Box 2212  
Austin, Texas 78768-2212

**FOR OVERNIGHT DELIVERY:**

Texas Title Insurance Guaranty Association  
c/o Mitchell Williams Selig Gates & Woodyard, P.L.L.C.  
106 East 6th Street, Suite 300  
Austin, Texas 78701

Note: This report and remittance is due as follows:

<b>Calendar Quarter Ending</b>	<b>Remittance Due Dates</b>
March 31	May 1
June 30	August 1
September 30	November 1
December 31	February 1