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: endent, affiliated, or direct operation, MUST com	plete this statistical report.
Check One:		
INDEPENDENT: Title insuranc more underwriting companie	ce agencies that are independently owned and write tires.	tle insurance business for one or
	liated agency if 10% or more of its ownership is held by a title underwriter or ee <i>Texas Insurance Code</i> , Article 21.49-1, Section 2.	if it is a member of a holding company

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

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

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	Expenses	Title Insurance	Escrow	Non-Policy Abstract
		(whole dollars only)	(whole dollars only)	(whole dollars only)
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 (from Form F, col. 3)			
	b. Attorneys/Others (from Form F, col. 4)		-	
4.	Fees paid for closing		-	
	a. Other agents & underwriters (from Form G, col. 3)			
	b. Attorneys/Others (from Form G, col. 4)			
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			

	Expenses	Title Insurance	Escrow	Non-Policy Abstract
		(whole dollars only)	(whole dollars only)	(whole dollars only)
21.	Directors fees (from Form H, col. 3, 4, & 5)			
22.	Dues, boards & associations			
23.	Bad debts			
24.	Loss & loss adjustment expenses (from Form I, col. 2, 3, & 4)			
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 (from Form J, col. 2, 3, & 4)			
33.	Total for each column (sum of lines 1-32)			
34.	Total expenses (sum of all columns in line 33)			

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

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	

E UNDERWRITER EXPENSE ALLOCATIONS

(to be completed by direct operations and affiliated agents only)

1.	Total expenses allo	cated to un	derwriter		*	
2.	Total expenses allo	cated <i>from</i>	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	Amount
		report	(whole dollars only)
TOTAL			

FORM B DISTRIBUTION OF TITLE POLICY PREMIUMS FOR THE CALENDAR YEAR ENDED DECEMBER 31, 1999

AGENCY NAME:_____

(1)	(2)	(3)	(4)
Name of each underwriting	Title premiums	Title premiums	Title premiums
company for which this	charged by this	remitted or owed	retained by this
agency charged premiums	agency	by this agency to	agency
		underwriters	
	(whole dollars only)	(whole dollars only)	(whole dollars only)
TOTALS			
	(Carry total forward to	(Carry total forward to	(Carry total forward to
	Form A, line A-1)	Form A, line A-2)	Form A, line A-3)

Percentage of premiums remitted (col. 3 divided by col. 2)

FORM C FEES 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	City of each entity listed in column 1	Total fees received from each entity
furnishing title evidence		(whole dollars only)
TOTAL (Carry total forward to Form A, line A-4)		

FORM D FEES RECEIVED FOR CLOSING SERVICES 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 closing services	City of each entity listed in column 1	Total fees received from each entity
······································		(whole dollars only)
TOTAL (Carry total forward to Form A, line A-5)		

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

AGENCY NAME:_____

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

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 F FEES PAID FOR TITLE EXAMINATION AND FURNISHING TITLE EVIDENCE FOR CALENDAR YEAR ENDED DECEMBER 31, 1999

AGENCY NAME

(1)	(2)	(3)	(4)	(5)
Name of each title insurance agent, title insurance	City of each entity listed in	Total fees paid to: • Other agents	Total fees paid: • Attorneys	Is this an affiliate [*] ?
underwriter, or attorney, and any other entity to whom fees were paid for title examination	column (1)	 Direct operations Underwriters 	 Any other entity 	
and/or furnishing title evidence		(whole dollars only)	(whole dollars only)	If yes, mark with an "X"
TOTALS				
		(Carry total forward to Form A, line B-3a)	(Carry total forward to Form A, line B-3b)	

* Affiliate is defined in TIC Article 21.49-1, Section 2(a) as "...a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with the person specified."

FORM G FEES PAID FOR CLOSING SERVICES FOR CALENDAR YEAR ENDED DECEMBER 31, 1999

AGENCY NAME:

(1)	(2)	(3)	(4)	(5)
Name of each title insurance	City of each	Total fees paid	Total fees paid to:	ls this an
agent, underwriter, or attorney,	entity listed in	to:	Attorneys	affiliate [*] ?
and any other entity to whom	column 1	Other agents	• Any other entity	
fees were paid for closing		Direct	,, ee.	
services		operations		
		Underwriters		lf yes, mark
		(whole dollars only)	(whole dollars only)	with an "X"
TOTALS				
	l	Carry total forward to	Carry total forward to	
		Form A, line B-4a	Form A, line B-4b	

* Affiliate is defined in TIC Article 21.49-1, Section 2(a) as "...a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with the person specified.'

FORM H RECAPITULATION OF DIRECTORS FEES FOR THE CALENDAR YEAR ENDED DECEMBER 31, 1999

AGENCY NAME:_____

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Name of each	Position	Title	Escrow	Non-	Was	Was individual in
individual to whom fees	held (other			policy	individual	a position to
were paid (other than	than			abstract	directly or	refer title
director) in corporation	director) in				indirectly	insurance
or agency	corporation				an	business?
	or agency	(whole	(whole	(whole	owner?	
	listed in	dollars	dollars	dollars	(X if yes)	(Answer yes or no. If
	column (1)	only)	only)	only)		yes, enter a code from table below)
TOTAL [carry totals forward to Form A, line B-21]						

Code	Description
A	Attorney
REA	Real estate agent
RED	Real estate developer
L	Lending institution
UW	Underwriter
NA	None of the above
NO	

Attach additional page(s) if necessary

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

AGENCY NAME: _____

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

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

AGENCY NAME:_____

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

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.

FORM K IDENTIFICATION OF OWNERS FOR THE CALENDAR YEAR ENDED DECEMBER 31, 1999

AGENCY NAME:_____

(1)	(2)	(3)
Name of each individual or entity	Percentage	Description
······································	of agency	code
	owned	(see below)
		/
TOTAL		

Code	Description
А	Attorney
REA	Real estate agent
RED	Real estate developer
L	Lending institution
UW	Underwriter
NA	None of the above

Attach additional page(s) if necessary

FORM L TITLE INSURANCE PREMIUM BY COUNTY FOR THE CALENDAR YEAR ENDED DECEMBER 31, 1999

AGENCY NAME:_____

(1)	(2)
County name	Title premiums charged (Gross)
TOTAL (Sum equal to Form B, col. 2)	

Attach additional page(s) if necessary

FOR THE CALENDAR YEAR ENDED DECEMBER 31, 1999

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AI	FFIDAVIT	
THE STATE OF		
COUNTY OF		
l,	the (position)	of the
[Check one: () Corporation; () Partnersh	ip; () Single Proprietorship] bei	ing duly sworn, deposes
and says that on the 31st day of December I		
E, F, G, H, I, J, K, and L of the named Agent exhibits, schedules and explanations herein	-	
Reconciliation Worksheet retained in named		
and expenses in accordance with the instruct	-	
to the best of my information, knowledge and	belief.	
	Signature	
SUBSCRIBED AND SWORN TO BEFORE M	E this the day of	, 20
	Notary Public in and for the	e State of Texas
My Commission Expires:		
	(Printed Name of Notary)	
	Contact Person	
	Phone Number	
heck 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:_____

Page 1 of 3

	Income	Title Insurance	Escrow	Non-Policy Abstract	Total for other business operations not reported on Form A	Combined Totals
		(whole dollars only)	(whole dollars only)	(whole dollars only)	(whole dollars only)	(whole dollars only)
1.	Title insurance premiums					
2.	<less> Remitted title premiums</less>	< >				
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 (sum of lines 1-13, all columns)					

" 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:_

Telephone & facsimile

16.

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

В

"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.]

Agonov Nomo:

Agency Name: Page 3 of 3						
	Expenses	Title Insurance	Escrow	Non-Policy Abstract	Total for other business operations not reported on Form A	Combined Totals (whole dollars
		(whole dollars only)	(whole dollars only)	(millione demand entry)	(whole dollars only)	only)
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 (sum of lines 1-32, all columns)					
35.	NET INCOME FOR EACH COLUMN (A14 minus B33)					
36.	NET INCOME FROM ALL OPERATIONS (A15 minus B34)					