



## EXHIBIT A

To: \_\_\_\_\_

We have audited the Statement of Assets and Liabilities of Trust (Escrow) Fund Accounts as of \_\_\_\_\_, prepared from the accounts maintained at your office at \_\_\_\_\_.

This financial statement is the responsibility of the company's management. Our responsibility is to express an opinion on this financial statement based on our audit. We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statement is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statement. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the Statement of Assets and Liabilities of Trust (Escrow) Fund Accounts referred to above presents fairly, in all material respects, the assets and liabilities of such accounts handled by \_\_\_\_\_, as of \_\_\_\_\_, in conformity with generally accepted accounting principles.

Our audit has been made for the purpose of forming an opinion on the basic financial statement taken as a whole. The supplemental information contained in Exhibits C through F, inclusive, and Exhibit H of this report are presented as additional information and is not a required part of the basic financial statement. Such information has been subjected to the audit procedures applied in the examination of the basic statement of assets and liabilities, and is fairly stated in all material respects in relation to the basic statement of assets and liabilities, taken as a whole.

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)



## EXHIBIT B

Name \_\_\_\_\_

### STATEMENT OF ASSETS AND LIABILITIES OF TRUST (ESCROW) FUND ACCOUNTS

As of \_\_\_\_\_

**ASSETS**

1)	Cash (Exhibit C)		\$ _____
2)	Investment Held for Specific Accounts		
	Deposits at Financial Institutions (Banks and Savings & Loan Associations)	\$ _____	
	Certificates of Deposit	\$ _____	
	Other (specify)		
	_____	\$ _____	
	_____	\$ _____	
	Total Investments (Exhibit D)		\$ _____
3)	Escrow Receivables (Exhibit E-2)		\$ _____
4)	<b>TOTAL ASSETS</b>		<b>\$ _____</b>

**LIABILITIES**

5)	Bank Overdrafts (Exhibit C)		\$ _____
6)	Escrow Deposits (Exhibit E)		\$ _____
7)	Policy Guaranty Fees		\$ _____
8)	Guaranty Assessment Recoupment Charges		\$ _____
9)	Other (specify)		
	_____	\$ _____	
	_____	\$ _____	
	_____	\$ _____	
	Total Other		\$ _____
10)	<b>TOTAL LIABILITIES</b>		<b>\$ _____</b>

March 1, 1991



## EXHIBIT C

Name \_\_\_\_\_

### STATEMENT OF CASH BALANCES

As of \_\_\_\_\_

Undeposited Funds.....\$ \_\_\_\_\_

Bank Number	Name and Address of Bank	Acct. #	Depositor's Name as It Appears On the Bank Statement	Balance
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

PAGE TOTALS.....\$ \_\_\_\_\_

TOTAL FROM OTHER PAGES: CASH .....\$ \_\_\_\_\_

BANK OVERDRAFTS.....\$( \_\_\_\_\_ )

RECAP:

Total Cash (Exhibit B, Line 1) .....\$ \_\_\_\_\_

Bank Overdrafts (Exhibit B, Line 5) .....\$( \_\_\_\_\_ )

\$ \_\_\_\_\_



## EXHIBIT D

Name \_\_\_\_\_

### INVESTMENTS HELD FOR SPECIFIC ACCOUNTS

FOR PERIOD ENDING \_\_\_\_\_  
 (All escrow funds not listed on Exhibit C)

NAME OF DEPOSITORY OR SECURITIES HELD AND BANK ACCOUNT NUMBER	TYPE OF ACCOUNT	G. F. NO. AND BENEFICIARY	BALANCE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

TOTAL FROM OTHER PAGES .....\$ \_\_\_\_\_

TOTAL .....\$ \_\_\_\_\_



## EXHIBIT E

Name \_\_\_\_\_

Date \_\_\_\_\_

### STATEMENT OF ESCROW DEPOSITS AND RECEIVABLES

AS OF \_\_\_\_\_

	NUMBER OF FILES	AMOUNT
<hr/>		
CREDIT BALANCES (DEPOSITS) OPEN 3 YEARS OR LONGER (Attach Exhibit E-1).....	_____	\$ _____
CREDIT BALANCES (DEPOSITS) OPEN 1 YEAR TO 3 YEARS .....	_____	\$ _____
CREDIT BALANCES (DEPOSITS) OPEN LESS THAN 1 YEAR.....	_____	\$ _____
<u>TOTAL CREDIT BALANCES</u> (Exhibit B, Line 6) .....		\$ _____
<hr/>		
DEBIT BALANCES UP TO AND INCLUDING \$200 .....		\$ _____
DEBIT BALANCES OVER \$200.....		\$ _____
<u>TOTAL DEBIT BALANCES</u> (Exhibit B, Line 3) .....		\$ _____
<hr/>		
NUMBER OF GF FILES ACTUALLY EXAMINED .....	=====	





Texas Department of Insurance

Property & Casualty Program - Title Division, Mail Code 106-2T
333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104
512-322-3482 telephone • 512-305-7426 fax • www.tdi.texas.gov

EXHIBIT E-2

ANALYSIS OF ESCROW RECEIVABLES AND SHORTAGES

FOR YEAR ENDING \_\_\_\_\_

Table with 15 columns: GF NUMBER, 1ST MONTH, 2ND MONTH, 3RD MONTH, 4TH MONTH, 5TH MONTH, 6TH MONTH, 7TH MONTH, 8TH MONTH, 9TH MONTH, 10TH MONTH, 11TH MONTH, 12TH MONTH, DATE OF CLEARANCE, EXPLANATION & DISPOSITION\*. The table contains 18 empty rows for data entry.

TOTALS \_\_\_\_\_

\* Note: attach additional pages if necessary.

March 1, 1990



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EXHIBIT E-3

ANALYSIS OF BANK OVERDRAFTS AND OTHER IRREGULARITIES

FOR YEAR ENDING \_\_\_\_\_

A)

Table with 6 columns: BANK NAME AND ACCOUNT NUMBER, GF NO., AMOUNT, DATE OF ORIGIN, DATE OF CLEARANCE, EXPLANATION. The table contains 10 empty rows for data entry.

B)

GIVE COMPLETE EXPLANATION OF ANY OTHER IRREGULARITIES WHICH ARE NOT EXPLAINED ELSEWHERE IN THE REPORT.

Four horizontal lines provided for writing a complete explanation of any other irregularities.

March 1, 1990





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**EXHIBIT F**

**STATEMENT OF MONTHLY ACTIVITY**

FOR YEAR ENDING \_\_\_\_\_

BANK NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

	(A) MONTHLY BEGINNING BALANCE (OVERDRAFT)	(B) + ESCROW RECEIPTS	(C) - ESCROW DISBURSEMENTS	(D) = MONTHLY ENDING BALANCE (OVERDRAFT)
BEGINNING BALANCE (Prior year ending balance)				
1ST MONTH				
2ND MONTH				
3RD MONTH				
4TH MONTH				
5TH MONTH				
6TH MONTH				
7TH MONTH				
8TH MONTH				
9TH MONTH				
10TH MONTH				
11TH MONTH				
12TH MONTH (carried forward to subsequent year)				

(E) + ESCROW RECEIVABLES	(F) = ESCROW LIABILITY

**TOTAL RECEIPTS/DISBURSEMENTS** \_\_\_\_\_

March 1990



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## EXHIBIT G

Name \_\_\_\_\_

Date \_\_\_\_\_

**SCHEDULE E**  
**PAYMENTS FOR TITLE INFORMATION**  
(To Be Completed by Title Attorneys)

Date Paid	To Whom Paid	County Where Land Is Located	Policy No. & GF File No.	Amount Paid

(Attach additional sheets as required)

October 1, 1992



EXHIBIT H
GENERAL INTERROGATORIES

(Name of escrow agent or attorney licensed as escrow officer)

Date

- 1. Are adequate records of all escrow funds maintained separate from other operations? YES NO
If no, explain.
2. Are individual ledger cards or equivalent records maintained on escrow receipts and disbursements? YES NO
3. Was interest received by any party on escrow funds throughout the year? YES NO
If yes, was such interest handled in accordance with specific written instructions from the beneficial owner? YES NO
4. List the names of the depositories not covered by Federal Insurers:
5. Has the company escheated funds to the state during the past fiscal year? YES NO
6. Have the minimum escrow accounting procedures and the internal controls as set forth in Section V of the Basic Manual of Rules, Rates and Forms for the Writing of Title Insurance In The State of Texas been met? YES NO If no, provide explanation of any discrepancies.

I, (name), (title) of
(agency)

hereby certify that the audit report and accompanying Exhibits have been reviewed and are correct and accurate to the best of my knowledge and belief and that all applicable requirements of Chapter Nine of the Texas Insurance Code have been met.

Date Signed

Signature

March 1, 1990