

# Texas Department of Insurance

Property & Casualty Program – Data Services, Mail Code 105-5D  
333 Guadalupe P. O. Box 149104, Austin, Texas 78714-9104  
512-475-1878 telephone 512-463-6122 fax www.tdi.texas.gov

## ACKNOWLEDGMENT OF RECEIPT FOR THE TEXAS TITLE INSURANCE AGENT EXPERIENCE REPORT SUBMISSION FOR THE CALENDAR YEAR ENDED DECEMBER 31, 2011

On behalf of my company, I hereby execute this ACKNOWLEDGMENT OF RECEIPT for the **TEXAS TITLE INSURANCE AGENT EXPERIENCE REPORT SUBMISSION** for the calendar year ended December 31, 2011, as described in your letter dated June 11, 2012, under the provisions of Texas Insurance Code § 2703.153. **I understand that TDI must receive the completed report submission on or before July 26, 2012. I understand that I must fax or email this ACKNOWLEDGMENT OF RECEIPT and LISTING OF BRANCHES AND FEE ATTORNEYS (if applicable) no later than June 15, 2012.**

### Fill In Each Item--DO NOT LEAVE BLANKS

Date: \_\_\_\_\_ Agency ID. #: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Ph: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

I affirm there are NO branch locations or fee attorneys transacting title business under the listed agent's name within the State of Texas for this reporting period. (If marked, please do not complete page 2; fax this page only.)

Name of Company Officer completing this report: \_\_\_\_\_

Title of Company Officer completing this report: \_\_\_\_\_

\_\_\_\_\_  
Signature of Company Officer completing the Texas Title Insurance Agent Experience Report Submission

Please fax or email this Acknowledgment of Receipt and Listing of Branches and Fee Attorneys (if applicable) to:  
512-322-5025 / 512-463-6122 / DataCall@tdi.state.tx.us.

