

Title Agent's Unencumbered Assets Certification (Form T-S1)

Title Agent's Name

Reporting for Year

Date of Review

TDI Agent's Company ID Number

The title agent meets the requirements of Insurance Code §2651.012 by the following means:

- solvency account in accordance with Insurance Code §2651.0121
- letter of credit
- surety bond in accordance with Insurance Code §2651.012(c)(1) - (4)
- items contained in Insurance Code §2651.012(a)(2)(A) - (D)

The management of _____ **[name of title agent]** has reviewed the condition of the title agent's unencumbered assets as of the date of review set forth above. The review includes the documents evidencing the title agent's unencumbered assets and account information maintained by _____ **[name of title agent]**. The documents evidencing the title agent's unencumbered assets and account information are the responsibility of the title agent's management. It is the title agent's management's responsibility to certify as to the financial condition of the title agent's unencumbered assets.

The undersigned officer of the title agent specified above hereby certifies that:

I am legally authorized to make this certification. The examination by the management of the title agent of the documents evidencing the title agent's unencumbered assets and account information has determined, as of the date of review set forth above, that the unencumbered assets of the title agent exceed its liabilities, exclusive of the value of its abstract plants, as required by Insurance Code §2651.012.

*The title agent **maintains** / **does not maintain** a solvency account with a Financial Institution in this state. For fiscal year 20____, the principal balance of the title agent's solvency account, if maintained, **exceeds** / **does not exceed** the amount that would have been required to be maintained if the title agent had no solvency account and fell under the schedule established by the commissioner by rule under §2651.012(g) of the Insurance Code. As of the date of review set forth above, the amount of the overage/excess, if any, is \$_____.*

Signature

Printed Name

Title

Date

Address

Phone Number

Extension

City/State/Zip Code

E-mail Address