

Solvency Account Release Request (Form T-S3)

Title Agent's Name

Firm ID Number

Financial Institution Name: _____

Address: _____

Account Number: _____

In accordance with Insurance Code §2651.0121(i), title agent has voluntarily ceased to engage in business, has surrendered the agent's license and is liquidating the agent's assets. Title agent requests that the Commissioner authorize release of the solvency account identified above to the title agent.

Title agent has performed the following actions:

Conducted a final audit of the Agent's trust fund accounts, the records pertaining thereto and the unused forms in Agent's possession, in accordance with §§2651.151-157 and 2651.251-253, Insurance Code.

Surrendered all pending files and outstanding commitments, to the appropriate Companies.

Sent written notice to all interested parties in pending transactions of the names and contact information of the Companies that have custody or control of the files.

Transferred all escrow accounts and investment accounts, which have not been fully disbursed, to the appropriate Companies for the benefit of the parties to pending transactions and the general public.

Title Agent has merged or consolidated or effected the equivalent of a merger or consolidation with another title agent which maintains the amount of unencumbered assets that would be required for the survivor.

Title Agent initially used a solvency account but now uses an alternative form of unencumbered assets to comply with Insurance Code §2651.012.

In accordance with §2651.0121(j), Insurance Code, the commissioner shall issue an order authorizing the financial institution in which the solvency account is held to release all or part of the account balance to the agent or the agent's principal office within 60 days of the receipt of two executed originals of this Form T-S3. If the commissioner does not enter the order within the prescribed period, the application is denied and the title agent may seek any relief as allowed by law.

Acknowledgment of Receipt

On behalf of the Commissioner of Insurance the undersigned hereby acknowledges receipt of this Solvency Account Release Request (Form T-S3) from Title Agent on this _____ day of _____, 20____.

Commissioner of Insurance

By: _____
(Name of Officer)

(Title of Officer)