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 ccounts handled by \_\_\_\_\_, as of \_\_\_\_\_, in conformity with generally accepted accounting principles. of such accounts handled by \_\_\_\_

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)

N	1~		~
- 1\	ıa	m	e

EXHIBIT B

STATEMENT OF ASSETS AND LIABILITIES OF TRUST (ESCROW) FUND ACCOUN	тs
---	----

	As of	 _
ASSE	TS	
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)	TOTAL ASSETS	\$
LIABI	LITIES	
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)	TOTAL LIABILITIES	\$

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
ACCOUNT NONDER		DEITEITOWART	B/(E/(TOE
1.			
2.			
3.			
4.			
5.			
<u>.                                    </u>			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

TOTAL FROM OTHER PAGES:.....

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

EXHIBIT E	
Name	
Date	
STATEMENT OF ESCROW DEPOSITS AND RECEIVAN	BLES
AS OF	
NUMBER OF FILI	ES AMOUNT
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	
TOTAL CREDIT BALANCES (Exhibit B, Line 6)	\$
DEBIT BALANCES UP TO AND INCLUDING 4200	\$
DEBIT BALANCES OVER \$200	
TOTAL DEBIT BALANCES (Exhibit B, Line 3)	\$
NUMBER OF GF FILES ACTUALLY EXAMINED	

## **EXHIBIT E-1**

Name\_\_\_\_\_

Date\_\_\_\_\_

## DESCRIPTION OF CREDIT BALANCES OPEN THREE YEARS OR LONGER

GF#	DATE OF ORIGIN	AMOUNT IN ESCROW \$	REASON FOR AMOUNT HELD
		\$	
	l		

# EXHIBIT E-2

## ANALYSIS OF ESCROW RECEIVABLES AND SHORTAGES

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

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*

TOTALS \_\_\_\_\_\_

\* Note: attach additional pages if necesssary.

March 1, 1990

\_ \_\_

#### EXHIBIT E-3 ANALYSIS OF BANK OVERDRAFTS AND OTHER IRREGULARITIES FOR YEAR ENDING

	A)								
BANK NAME AND ACCOUNT NUMBER	GF NO.	AMOUNT	DATE OF ORIGIN	DATE OF CLEARANCE	EXPLANATION				
D)		ц							

B)

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

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

\_\_\_\_\_

TOTAL RECEIPTS/DISBURSEMENTS

# 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
Duter ald				
(Attach additio	nal sheets as rec	quired)	<u> </u>	<u> </u>

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, \_\_\_\_

\_\_\_\_\_of (title)

(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

(name)

Signature