

## TITLE COMPANIES

COMPANY NAME: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

REQUIRED FILINGS IN THE STATE OF: \_\_\_\_\_ Filings Made During the Year 2010

(1) Check- List	(2) Line #	(3) REQUIRED FILING FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC				
<b>I. NAIC FINANCIAL STATEMENTS</b>								
	1	Annual Statement (8 1/2" x 14")	3	EO	xxx	3/1	NAIC	G, H(a), I, L(a)(b)
	1.1	Printed Investment Schedule detail (Pages E01-E27)	3	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	2	EO	xxx	5/15, 8/15, 11/15	NAIC	G, H(a), I, L(a)(b)
<b>II. NAIC SUPPLEMENTS</b>								
	3	Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	K
	4	Management Discussion & Analysis	2	EO	xxx	4/1	Company	J, K
	5	Schedule SIS	2	N/A	N/A	3/1	NAIC	K
	6	Statement of Actuarial Opinion	3	EO	xxx	3/1	Company	G, L(e)
	7	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	8	Supplemental Schedule of Business Written By Agency	2	EO	xxx	4/1	NAIC	K
<b>III. ELECTRONIC FILING REQUIREMENTS</b>								
	9	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	10	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	11	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	12	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	13	Quarterly Statement Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	14	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	15	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
<b>IV. AUDITED FINANCIAL STATEMENTS</b>								
	16	Accountants Letter of Qualifications	2	EO	N/A	6/1	Company	L(d)
	17	Audited Financial Statements	2	EO	xxx	6/1	Company	J, L(d)
	18	Audited Financial Statements Exemption Affidavit	xxx	N/A	N/A		Company	
	19	Independent CPA	xxx	N/A	N/A		Company	
	20	Notification of Adverse Financial Condition	2	N/A	N/A	6/1	Company	
	21	Report of Significant Deficiencies in Internal Controls	2	N/A	N/A	8/1	Company	P
	22	Request for Exemption to File	1	N/A	N/A	5/1	Company	J
<b>V. STATE REQUIRED FILINGS</b>								
	23	Filings Checklist (with Column 1 completed)	xxx	0	xxx		State	
	24	State Filing Fees	xxx	0	xxx		State	M
	25	Application for Renewal of C of A	xxx	0	xxx	3/1	State	L(c)
	26	Title Premium Reserve	1	0	xxx	3/1	State	L(a)
	27	Updated Biographical Affidavits	1	0	N/A	3/1	Company	Domestic Only
	28	Form B&C – Holding Company Registration	1	0	xxx	4/15	Company	G, L(a), Q
	29	Form B Inter-company Agreement Supplement	1	0	xxx	4/15	State	L(a), Q
	30	Basket Clause Summary	1	0	xxx	3/1	State	L(a), R

\*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.