TITLE COMPANIES

| COMPANY NAME: | NAIC Company Code: | | | | |
|-----------------------------------|-----------------------------------|--|--|--|--|
| Contact: | Telephone: | | | | |
| REQUIRED FILINGS IN THE STATE OF: | Filings Made During the Year 2020 | | | | |

| (1) | (2) | (3) | (4) NUMBER OF COPIES | | | (5) | (6) FORM | (7) APPLICABL |
|----------|--------|---|-------------------------|-------|---------|----------------------|-------------|---------------------------|
| Checklis | Line # | REQUIRED FILING FOR THE ABOVE | Dom | estic | Foreign | DUE | SOURCE** | E NOTES |
| t | | STATE | State | NAIC | State | DATE | | |
| | | I. NAIC FINANCIAL STATEMENTS | | | | • | | • |
| | 1 | Annual Statement (8 ½" x 14") | 2 | ЕО | xxx | 3/1 | NAIC | G, H(a), I, J, L, N(a) |
| | 1.1 | Printed Investment Schedule detail (Pages E01- E29) | 2 | ЕО | xxx | 3/1 | NAIC | |
| | 2 | Quarterly Financial Statement (8 ½" x 14") | 2 | ЕО | xxx | 5/15, 8/15, 11/15 | NAIC | G, H(a), I, J, L, N(a) |
| | | | | | | | | |
| | | II. NAIC SUPPLEMENTS | | | | | | |
| | 11 | Actuarial Opinion | | | | | | G, J(a), M, |
| | | | 2 | EO | XXX | 3/1 | Company | N(a)(b) |
| | 12 | Investment Risk Interrogatories | 2 | EO | XXX | 4/1 | NAIC | M |
| | 13 | Management Discussion & Analysis | 2 | EO | XXX | 4/1 | Company | N(a), J |
| | 14 | Schedule SIS | 2 | N/A | N/A | 3/1 | NAIC | M |
| | 15 | Supplemental Compensation Exhibit | 1 | N/A | N/A | 3/1 | NAIC | |
| | 16 | Supplemental Schedule of Business Written By Agency | 2 | N/A | xxx | 4/1 | NAIC | M |
| | | | | | | | | |
| | | III. ELECTRONIC FILING REQUIREMENTS | | • | | | | |
| | 61 | Annual Statement Electronic Filing | XXX | EO | XXX | 3/1 | NAIC | |
| | 62 | March .PDF Filing | XXX | EO | XXX | 3/1 | NAIC | |
| | 63 | Supplemental Electronic Filing | XXX | EO | XXX | 4/1 | NAIC | |
| | 64 | Supplemental .PDF Filing | XXX | ЕО | XXX | 4/1 | NAIC | |
| | 65 | Quarterly Statement Electronic Filing | xxx | ЕО | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 66 | Quarterly .PDF Filing | xxx | ЕО | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 67 | June .PDF Filing | XXX | EO | XXX | 6/1 | NAIC | |
| | | | | | | | | |
| | | IV. AUDIT/INTERNAL CONTROL RELATED REPORTS | | | | | | |
| | 81 | Accountants Letter of Qualifications | 2 | EO | N/A | 6/1 | Company | J, N(c) |
| | 82 | Audited Financial Reports | 2 | EO | XXX | 6/1 | Company | J, N(a) |
| | 83 | Audited Financial Reports Exemption Affidavit | 1 | N/A | N/A | | Company | J |
| | 84 | Communication of Internal Control Related Matters Noted in Audit | 2 | ЕО | N/A | 8/1 | Company | J, R |
| | 85 | Independent CPA (change) | 1 | N/A | N/A | | Company | J, N(c) |
| | 86 | Management's Report of Internal Control Over | <u> </u> | | | 1 | | J |
| | | Financial Reporting | 2 | N/A | N/A | 8/1 | Company | |
| | 87 | Notification of Adverse Financial Condition | 2 | N/A | N/A | | Company | |
| | 88 | Request for Exemption to File | 1 | N/A | N/A | | Company | J |
| | 89 | Relief from the five-year rotation requirement for lead audit partner | 1 | ЕО | xxx | 3/1 | Company | J |
| | 90 | Relief from the one-year cooling off period for independent CPA | 1 | | | 3/1 | 1 1 | J |
| | 91 | Relief from the Requirements for Audit | 1 | EO | XXX | 3/1 | Company | l |
| | 91 | Committees | 1 | ЕО | xxx | 3/1 | Company | J |
| | | | | | | | | <u> </u> |
| | 101 | V. STATE REQUIRED FILINGS*** | | _ ^ | | T | T ~ | T |
| | 101 | Filings Checklist (with Column 1 completed) | 0 | 0 | 0 | | State | |
| | 102 | Signed Jurat – Annual | 2 | 0 | XXX | 3/1 | NAIC | G, L |
| | 103 | Premium Tax Return | 1 | 0 | XXX | 3/1 | State | Q |
| | 104 | Title Premium Reserve | 1 | N/A | 1 | 3/1 | State | G, H(a) |
| | 105 | Supplement to page 19 of the Annual Statement | 1 | N/A | 1 | 3/1 | State | W |
| | 106 | Basket Clause Summary | 1 | N/A | N/A | 3/1 | State | T, M |

| (1) | (2) | (3) | (4) | | | (5) | (6) | (7) |
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| t | | STATE | State | NAIC | State | DATE | | |
| | 107 | Updated Biographical Affidavits | 1 | N/A | N/A | 3/1 | NAIC | G, H(a) |
| | | | | | | | | Domestic |
| | | | | | | | | Only |
| | 108 | Form B Supplement Fees Between Insurers and | 1 | N/A | N/A | 5/1 | State | M |
| | | Affiliates | | | | | | |
| | 109 | Form B Holding Company Registration | 1 | N/A | N/A | 5/1 | Company | S |
| | 110 | Form C Summary of Registration | 1 | N/A | N/A | 5/1 | Company | S |
| | 111 | Form F – Enterprise Risk Report **** | 1 | N/A | XXX | 5/1 | State | G, H(a) |
| | 112 | Signed Jurat – Quarterly | 0 | 0 | XXX | 5/15, 8/15, | NAIC | G, L |
| | | | | | | 11/15 | | |
| | 113 | Corporate Governance Annual Disclosure*** | 1 | N/A | N/A | 6/1 | Company | |
| | 114 | State Filing Fees | 1 | 0 | 1 | 7/1 | State | C, O |
| | 115 | Application for Renewal of C of A | 1 | N/A | 1 | 7/1 | Company | G, N(b) |
| | 116 | ORSA **** | 1 | N/A | N/A | 2020 | Company | |
| | | | | | | | | |

^{*}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.

^{***}For those states that have adopted the NAIC Corporate Governance Annual Disclosure Model Act, an annual disclosure is required of all insurers or insurance groups by June 1. The Corporate Governance Annual Disclosure is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm.

^{****}For those states that have adopted the NAIC updated Holding Company Model Act, a Form F Filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm

^{*****}For those states that have adopted the NAIC Risk Management and Own Risk and Solvency Assessment Model Act, a summary report is required annually by insurers and insurance groups above a specified premium threshold. The ORSA Summary Report is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm