

POLICY GUARANTY FEE REMITTANCE FORM (T-G1)

By: _____
(Name of Reporting Entity) (Phone Number)

(Address) (Fax Number)

(City, State, and Zip) (e-mail address)

TDI Agency/Direct Operation Company ID Number: _____ (Agent ID: REQUIRED)

- Check here if any of the information above has changed since your last report.
- Check here if you are ceasing operations and this is a final disbursement to TTIGA.

For the Quarter:

Beginning: _____, 20____ Ending: _____, 20____

Owner's and Loan Policies Collected: _____ X \$1.00 = \$ _____

If you had no closings during the quarter and no policy guaranty fees were received, please enter "0" and mail this form.

Total Remittance of Policy Guaranty Fee: \$ _____

I, _____ of _____
do hereby certify that the above and foregoing is correct in all respect and correctly reflects all owner's
and loan policies of title insurance required to be reported and counted in determining the quarterly policy
guaranty fees due by _____ pursuant to Texas Insurance Code §2602.151.

Signature
Printed Name & Position _____
Contact Number _____

SUBSCRIBED AND SWORN TO BEFORE ME, the undersigned authority, this the
_____ day of _____ 20____.

Notary Public in and for the State of Texas

Printed Name of Notary

**REMIT CHECK MADE PAYABLE TO:
Texas Title Insurance Guaranty Association**

FOR OVERNIGHT DELIVERY:
Texas Title Insurance Guaranty Association
500 W. 5th St., STE 1150
Austin, TX 78701

Note: This report and remittance is due as follows:

<u>Calendar Quarter Ending</u>	<u>Remittance Due Dates</u>
March 31	May 1
June 30	August 1
September 30	November 1
December 31	February 1