POLICY GUARANTY FEE REMITTANCE FORM (T-G1)

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

_____ _____
(Address) (Firm ID Number-**REQUIRED**)

TX

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

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

For the Quarter:

Beginning: January 1, 20 17 Ending: March 31, 20 17

Owner's and Loan Policies Collected During Quarter: _____ X $3.00 = **$** 0.00

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

Total Remittance of Policy Guaranty Fees = $ 0.00

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 May 1, 2017 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 MAIL AND OVERNIGHT DELIVERY:
Texas Title Insurance Guaranty Association
500 W. 5th St., STE 1150
Austin, TX 78701-3835

Note: This remittance and check or money order are due as follows:

Calendar Quarter Ending	**Remittance Due Dates**
June 30	**August 1**
September 30	**November 1**
December 31	**February 1**
March 31	**May 1**