SUPPLEMENTAL

2014 TTIGA Guaranty Assessment Recoupment Charge Remittance Form

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

_____ _____
(Address) (Firm ID Number)

_____ _____
(City, State, and Zip) (Email address)

☐ Check here if any of the contact information above or below has changed since your last remittance.

☐ Check here if you are ceasing operations and this is a final disbursement to TTIGA.

For the Quarter:

Beginning: October 1, 2014 Ending: December 31, 2014

1. Total Owner's and Loan Policies During the Quarter: _____
2. Total Guaranty Assessment Recoupment Charges remitted (Multiply the amount shown above in No. 1 by $1.80): = $_____

If you had no closings during the quarter and you did not collect any Guaranty Assessment Recoupment Charges, please enter "0" and mail this form.

I, _____ of _____ certify that this information is correct and reflects all owner's and loan policies of title insurance to be reported on my agency's statistical report to TDI.

_____
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 are due as follows:

Calendar Quarter Ending	Remittance Due Dates
September 30, 2014	**November 1, 2014**
December 31, 2014	**February 1, 2015**