

TITLE COMPANIES

COMPANY NAME: _____

NAIC Company Code: _____

Contact: _____

Telephone: _____

REQUIRED FILINGS IN THE STATE OF: FLORIDA
Filings Made During the Year: 2009

(1) Check-List	(2) Line #	(3) REQUIRED FILING FOR FLORIDA	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
I. NAIC FINANCIAL STATEMENTS								
	1	Annual Statement (8 1/2" x 14")	xxx	EO	xxx	3/1	NAIC	A-K
	1.1	Printed Investment Schedule detail (Pages E01-E25)	xxx	EO	xxx	3/1	NAIC	A-K
	2	Quarterly Financial Statement (8 1/2" x 14")	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	A-K
II. NAIC SUPPLEMENTS								
	11	Investment Risk Interrogatories	xxx	EO	xxx	4/1	NAIC	A-K
	12	Management Discussion & Analysis	xxx	EO	xxx	4/1	Company	A-K
	13	Schedule SIS	REFS	N/A	N/A	3/1	NAIC	A-K
	14	Statement of Actuarial Opinion	REFS	EO	xxx	3/1	Company	A-K, V
	15	Supplemental Compensation Exhibit	REFS	N/A	N/A	3/1	NAIC	A-K
	16	Supplemental Sched of Business Written By Agency	xxx	EO	N/A	4/1	NAIC	A-K
III. ELECTRONIC FILING REQUIREMENTS								
	40	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	DD
	41	March .PDF Filing	xxx	1	xxx	3/1	NAIC	DD
	42	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	DD
	43	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	DD
	44	Quarterly Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	DD
	45	Quarterly .PDF filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	DD
	46	June .PDF Filing	xxx	1	xxx	6/1	NAIC	DD
IV. AUDITED FINANCIAL STATEMENTS								
	51	Accountants Letter of Qualifications	REFS	N/A	N/A	6/1	Company	A-K,AA
	52	Audited Financial Statements	xxx	EO	N/A	6/1	Company	A-K,Z
	53	Audited Financial Statements Exemption Affidavit	REFS	N/A	REFS	3/1	Company	A-K, W
	54	Independent CPA	REFS	N/A	N/A	12/31/2007	Company	A-K, X
	55	Notification of Adverse Financial Condition	REFS	N/A	REFS	5 Days	Company	A-K,CC
	56	Report of Significant Deficiencies in Internal Controls	REFS	N/A	REFS	6/1	Company	A-K, BB
	57	Request for Exemption to File	REFS	N/A	REFS	3/1	Company	A-K, W
	58	Request to File Consolidated Audited Fin Statements	REFS	N/A	N/A	12/31/2007	Company	A-K,Y
V. STATE REQUIRED FILINGS								
	101	Filings Checklist (with Column 1 completed)	N/A	N/A	N/A	N/A	State	A-K, U
	102	State Filing Fees	1	N/A	1	3/1, 4/15, 6/15, 10/15	State/DOR	C
	103	Signed Jurat Page	REFS	N/A	REFS	3/1, 5/15, 8/15, 11/15	State	A-L
	104	Certificate of Compliance	xxx	N/A	REFS	3/1	State	A-K, O
	105	Certificate of Deposit	xxx	N/A	REFS	3/1	State	A-K, P
	106	Premium Tax	1	N/A	1	See Notes	State/DOR	D
	107	Insurance Office Financial Examination Report	xxx	N/A	REFS	When Public Document	State of Dom	A-K, Q
	108	Ofc of Ins Reg Service of Process Consent & Agrmnt	1	N/A	1	Keep Current	State	A-K, R
	109	Reinsurance Summary Statement	REFS	N/A	xxx	See Notes	State	A-K, S
	110	Holding Company Registration Statement	REFS	N/A	xxx	3/1, and Keep Current	State	A-K, T
	111	Certificate of Authority Annual License Tax	1	N/A	1	5/30	State	A-K, EE
	112	Statement of Actuarial Opinion	REFS	N/A	xxx	03/01	Company	A-N, V

*If XXX appears in this column, this state does not require this filing to be submitted directly from the company, if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. If REFS appears, the filing must be completed using the Regulatory Electronic Filing System. **If Form Source is NAIC, the form should be obtained from the appropriate vendor.