



ESCROW AGENT SEMIANNUAL FINANCIAL AND ESCROW REPORT

To: All Escrow Agents

In accordance with A.R.S. Section 6-832(B), attached is a copy of the required form to be completed as of 6/30 and 12/31 of each year, regardless of your fiscal year end date, and must not be submitted as one report with the required Annual Audit Report. Every escrow agent must make and file such report within 45 days (due on 8/15 and 2/14 respectively) of the noted dates. Only the original report will be accepted.

It is the licensee's responsibility to submit the most current form in a timely manner. Failure to file an original of this report within the prescribed time frame will result in the assessment of a penalty of twenty-five dollars for each day of delinquency. A postmark date is not considered received by the department. Do not recreate the semiannual financial form, no other form will be accepted.

Complete the form accordingly:

- Legibly print or type all information. Include the license number for the entity.
- Every TOTAL line must have a total amount entered. IF zero (0) or N/A then enter zero (0) or N/A.
- Total Assets must equal total Liabilities and Shareholders' Equity.
- Complete this form for the entire entity except for Schedule A, B & C. This area is only for the State of Arizona.

Sincerely,

Licensing Manager



ESCROW AGENT SEMIANNUAL FINANCIAL AND ESCROW REPORT

Legibly Print or Type All Information

Every **TOTAL** line must have a total amount entered. IF zero (0) or N/A then, enter zero (0) or N/A.

“Total Assets” MUST EQUAL “Total Liabilities and Shareholders’ Equity”

Complete This Form For the Entire Entity Except For Schedule A, B & C This Area Is Only For the State Of Arizona.

Do Not Recreate This Document No Other Form Will Be Accepted

Financial condition at close of business for 6/30/_____(yr) 12/31/_____(yr)

License Number EA- REQUIRED Licensee Name

Licensee Address: _____ () -

City State Zip Telephone Number

<u>Assets</u>		<u>Liabilities and Shareholders’ Equity</u>	
Current Assets		Current liabilities	
Cash	\$ _____	Current portion of long-term debt	\$ _____
Accounts receivable (less allowance (for doubtful accounts)	\$ _____	Notes Payable to a bank	\$ _____
Other receivables	\$ _____	Accounts payable	\$ _____
Prepaid expenses and other current Assets	\$ _____	Accrued expenses and other current liabilities	\$ _____

TOTAL Current Assets	\$ _____	TOTAL Current Liabilities	\$ _____
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		Loans from shareholders	\$ _____
		Deferred income taxes	\$ _____
Notes receivable, excluding current portion	\$ _____	Other deferred liabilities	\$ _____
Other receivables, excluding current portion	\$ _____	Long-term debt, excluding current installments	\$ _____
Property and equipment, at cost, net of accumulated depreciation	\$ _____	Other liabilities	\$ _____

		TOTAL Liabilities	\$ _____
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Long-term investments, at cost	\$ _____	Shareholders’ Equity common stock	\$ _____
Other assets	\$ _____	Additional paid-in capital	\$ _____
		Retained earnings	\$ _____

TOTAL long-term Assets	\$ _____	TOTAL shareholders' equity	\$ _____
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“Total Assets” MUST EQUAL “Total Liabilities and Shareholders’ Equity” Below

TOTAL Assets	\$ _____	TOTAL Liabilities and shareholders' equity	\$ _____
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ESCROW AGENT SEMIANNUAL FINANCIAL AND ESCROW REPORT

Complete Schedule A, B & C For The State Of Arizona Only

Schedule A – Escrow Accounts

Escrow account balance \$
Number of escrows opened year to date
Number of escrows closed year to date
Number of escrows holding funds which have been open over 6 months
Total amount of escrows holding funds which have been open over 6 months \$
Number of escrows with negative balance as of date of this report
Total amount of escrows with negative balance as of date of this report

Schedule B – Account Servicing

Number of account servicing files opened year to date
Number of account servicing files closed year to date
Impound account balance on date of report \$

Schedule C – Subdivision Trusts

Number of subdivision trust files opened year to date
Number of subdivision trust files closed year to date
Total fiduciary funds on date of report \$

Statement of income for the _____ months ending ____ / ____ / ____

Give all figures on a Fiscal Year to Date Basis

Revenues:

Title fees \$
Escrow fees \$
Trust and other fees \$
Other \$
Total revenue from operations \$

Less: Underwriting costs

Gross profit from operations \$

General and administrative expenses

Income (loss) from operations \$

Income taxes

Income before extraordinary item \$

Extraordinary item

Net income (loss) \$

Verification

I certify that the above information provided by me is true, complete and correct to the best of my knowledge and belief.

Print Name Direct Telephone Number Ext.# Fax Number

Signature Title Date