

Annual Report of Title Insurance Companies and Title Insurance Agents
to
The Maryland Insurance Administration
and
The Maryland Affordable Housing Trust
For Calendar Year 2007

Name of Title Company _____

Other names this company is doing business as: _____

Address _____

Federal I.D. Number _____

Phone Number _____ Fax Number _____

Email _____

Name of Contact Person _____

Name & Title of Person Filing This Form _____

Signature of Person Filing This Form _____

Date _____

Number of MAHT accounts _____

Number of Non-MAHT client accounts _____

MAHT Account:

A Title Insurer or Title Insurance Agent is required by the Maryland Affordable Housing Trust Act to pool client trust accounts in connection with escrows, settlements, closings, or title indemnifications related to properties located in Maryland, if the account for one transaction is expected to generate: (a) \$50 or less in interest or (b) more than \$50 in interest, if the charges of the financial institution and the title insurer or title insurance agent are anticipated to be more than the interest which would be earned on the trust money if separately deposited.

Non-MAHT Account:

A Title Insurer or Title Insurance Agent is not required by the Maryland Affordable Housing Trust Act to pool client trust accounts in connection with escrows, settlements, closings, or title indemnifications related to properties located in Maryland, if the account for one transaction is expected to generate: (a) more than \$50 in interest and (b) the charges of the financial institution and the title insurer or title insurance agent are not anticipated to be more than the interest which would be earned on the trust money if separately deposited

THIS SECTION IS ONLY FOR ATTORNEYS PARTICIPATING IN IOLTA FOR REAL ESTATE CLOSINGS. ALL OTHERS, SKIP THIS SECTION AND CONTINUE TO NEXT PAGE.

(CHECK BOX AND SIGN BELOW TO CERTIFY) I certify that I am currently participating in the **Interest on Lawyer Trust Accounts (IOLTA) program** for my real estate escrows, settlements and closings that earn \$50 or less in interest.

Signature, Name and Title of person providing certification

(If you are an attorney, have checked the box and signed above, you do not need to complete the remainder of this form and can mail this page only.)

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INSTRUCTIONS:

- **The annual report for 2007 is due on or before March 31, 2008.**
- **These instructions refer to the previous page and both of the following pages (for MAHT and non-MAHT client accounts)**
- **The information reported on this form should reflect total activity in the account for the entire calendar year for which the form relates.**
- **If you have more than one MAHT account or other (non-MAHT) client account, please submit a separate form for each account.**
- **The total number of transactions refers to the number of settlements, escrows, etc., deposited into an account.**
- **MAHT regulations provide that reasonable and customary charges for commercial accounts may be deducted from interest on the MAHT account, except charges for bad checks, presentations against insufficient funds, overdrafts, certified checks, and account reconciliations.**
- **Please note: MAHT regulations provide that if the aggregate service charges assessed against a title insurer or title insurance agent on all of its MAHT accounts held in a single financial institution exceed the aggregate interest earned on those MAHT accounts, the title insurer or title insurance agent is liable for payment of those service charges to the extent they exceed the earned interest.**

Completed forms should be
returned to:

Maryland Affordable Housing Trust

100 Community Place, Room 4.211

Crownsville MD 21032-2023

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Name of Title Insurance Company
or Title Insurance Agent _____

INFORMATION ON MAHT ACCOUNT

Name of Bank _____

Address of Bank Branch _____
where you make MAHT
deposits _____

Account Number _____

Total number of transactions for which deposits were made into the account _____

Note: List the threshold used to determine which transactions, when placed into this
account, will earn \$50 or less in interest _____

How often do you re-evaluate this threshold? _____

Total dollar amount deposited into the account \$ _____

Total gross interest earned on the account \$ _____

Total bank service charges and fees paid by the MAHT account \$ _____

Note: Regulations require you to list both the types and amounts charged for services provided to
this account. _____

Attach separate sheet if necessary

Total net interest earned on this account \$ _____

Note: What is the interest rate your bank pays on this account? _____

Was the account opened during the calendar year? (Yes/No) _____
If yes, enter the date when the account was opened _____

Was the account closed during the calendar year? (Yes/No) _____
If yes, enter the date when the account was closed _____

Names and Titles of Persons with Access to this Account:

Name _____ Title _____

Describe the purpose of this account: _____

Signature: _____ Date: _____

Title: _____

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Name of Title Insurance Company
or Title Insurance Agent _____

INFORMATION ON NON-MAHT CLIENT ACCOUNT

Name of Bank _____

Address of Bank Branch _____
where you make
Non-MAHT deposits _____

Account Number _____

Total number of transactions for which deposits were made into the account _____

Note: List the threshold used to determine which transactions, when placed into this
account, will earn \$50 or less in interest _____

How often do you re-evaluate this threshold _____

Total dollar amount deposited into the account \$ _____

Total gross interest earned on the account \$ _____

Total bank service charges and fees paid by the Non-MAHT account \$ _____

Note: Regulations require you to list both the types and amounts charged for services provided to
this account. _____

Attach separate sheet if necessary

Total net interest earned on this account \$ _____

Note: What is the interest rate your bank pays on this account? _____

Was the account opened during the calendar year? (Yes/No) _____
If yes, enter the date when the account was opened _____

Was the account closed during the calendar year? (Yes/No) _____
If yes, enter the date when the account was closed _____

Names and Titles of Persons with Access to this Account:

Name _____ Title _____

Describe the purpose of this account: _____

Signature: _____ Date: _____

Title: _____