

CERTIFICATION OF BI-ANNUAL POLICY INVENTORY AUDIT

The undersigned officer of _____ Title Insurance Company _____ hereby certify that the following information is true and correct:

1. On the _____ day of _____, _____, a policy inventory audit as defined in

Rule 365:20-3-5 was conducted on the following agent: _____.

2. All policies assigned by the undersigned underwriter to the above-referenced agent have either (i) been accounted for to the satisfaction of the underwriter; or (ii) other adequate provision made for lost policies except the following policy numbers:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
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| _____ | _____ |
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| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

(Signature of Officer)

subscribed and sworn to before me this _____, day of _____, 20____ in _____, Oklahoma.

(seal) _____
Notary Public

My Commission Expires: _____