



**Department  
of Insurance**

Mike DeWine, *Governor*  
Jon Husted, *Lt Governor*

Judith L. French, *Director*

## 2021 ANNUAL TITLE AGENT REVIEW FORM

*(For the twelve-month period of September 1, 2020 thru August 31, 2021)*

**Due by January 15, 2022**

Enforcement Division, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215  
1-800-686-1527 | [insurance.ohio.gov](http://insurance.ohio.gov)

Pursuant to Ohio Revised Code (“R.C.”) 3953.33 and Ohio Administrative Code (“OAC”) 3901-7-01, every individual title insurance agent (“individual agent”) and business entity title insurance agent (“business entity agent”) (collectively, “agents”) handling escrow accounts (including settlement, closing, and security deposit accounts) must have an independent review of such accounts completed each year. Each agent must file either an independent annual review or an annual review claim of exemption with the Ohio Department of Insurance (“Department”).

All agents are encouraged to utilize the Department’s user-friendly, web-based Annual Title Review System to file their annual reviews for the filing period. The system, which can be accessed via the Department’s website ([www.insurance.ohio.gov](http://www.insurance.ohio.gov)), captures all information requested on the Annual Title Agent Review Form (INS3283) and streamlines the submission of annual reviews. To obtain a user name and password for the Annual Title Review Filing System, please visit the featured link entitled “2021 Annual Title Filing Instructions” on the Department’s website.

For further information on the requirements related to the annual review, all agents should thoroughly review R.C. 3953.33 and OAC 3901-7-01.

### SECTION #1 – AGENT CONTACT INFORMATION

Please check which type of filing you are submitting. Only one box should be selected as separate filings are required for individuals who hold both an individual and a business entity license.

INDIVIDUAL AGENT Filing

BUSINESS ENTITY AGENT Filing

|   |  |  |  |
|---|--|--|--|
| <b>Business Entity Name/Individual Agent Last Name:</b> | <b>Individual Agent First Name:</b><br>(if applicable) | <b>Individual Agent Middle Initial:</b><br>(if applicable) | <b>National Producer Number (NPN):</b> |
|   |  |  |  |

**FOR ALL AGENTS, list your BUSINESS contact information below:**

|                             |                        |                  |                               |
|-----------------------------|------------------------|------------------|-------------------------------|
| <b>Business Address:</b>    | <b>City, State:</b>    | <b>Zip Code:</b> | <b>Business Phone Number:</b> |
|                             |                        |                  |                               |
| <b>Business Fax Number:</b> | <b>E-mail Address:</b> |                  |                               |
|                             |                        |                  |                               |

**FOR INDIVIDUAL AGENTS ONLY, list your RESIDENTIAL contact information below:**

|                       |                                 |                  |                           |
|-----------------------|---------------------------------|------------------|---------------------------|
| <b>Home Address:</b>  | <b>City, State:</b>             | <b>Zip Code:</b> | <b>Home Phone Number:</b> |
|                       |                                 |                  |                           |
| <b>Mobile Number:</b> | <b>Personal E-mail Address:</b> |                  |                           |
|                       |                                 |                  |                           |

The Annual Title Agent Review Form cannot be utilized as an address change request. Formal address change requests are to be reported through the National Producer Insurance Registry ([www.nipr.com](http://www.nipr.com)).

**SECTION #2 – SUPPLEMENTARY INSURANCE INFORMATION****Check the box below that applies to your Errors and Omissions Insurance Coverage:**

- I have Errors and Omissions Insurance Coverage in the name of the Agent named on this filing.

Insurance Company:

Policy Number:

Effective Dates (start date to expiration date):

- I am covered under my employer's Errors and Omissions Insurance Coverage.

- I do not have Errors and Omissions Insurance Coverage.

Please state the reason for not having Errors and Omissions Insurance Coverage:

- I am exempt from having Errors and Omissions Insurance Coverage because I am an employee of the Title Insurance Company and/or Underwriter noted below:

Name of Title Insurance Co. / Underwriter:

Underwriter NAIC Number:

**If you are an attorney and you have listed your professional liability policy as your Errors and Omissions Insurance Coverage, you are required to verify your policy covers all of your activities as a title agent and meets all of the conditions outlined in R.C. 3953.23(D) and OAC 3901-7-02(D) prior to submitting your annual review.**

**Next, check the box below that applies to your Surety Bond Coverage:**

- I am not required to have a surety bond because I do not handle escrows in real property transactions that do not involve the issuance of title insurance.
- I have a surety bond because I handle escrows in real property transactions that do not involve the issuance of title insurance.

Surety Bond Company:

Bond Number:

- I do not have Surety Bond Coverage:

Please state the reason for not having Surety Bond Coverage:

**SECTION #3 – DEPOSITORY ACCOUNT INFORMATION (Part 1)****Check all the boxes below that apply:**

- The agent named on this form does not maintain an Interest On Trust Account (“IOTA”) because no non-directed escrow funds meeting the requirements of R.C. 1349.20 to 1349.22 are handled by the agent.
- The agent named on this form does not maintain an IOTA because all escrow funds are handled through an IOTA maintained by the Ohio licensed Title Insurance Agency noted below:

Name of Ohio licensed Title Insurance Agency:

National Producer Number (NPN):

**If you checked either box in Part 1 of Section #3, please skip Part 2 of Section #3 and complete Section #4.****SECTION #3 – DEPOSITORY ACCOUNT INFORMATION (Part 2)**

While all agent depository institution accounts, including operating and non-fiduciary accounts that existed at any time during the review period, are required to be analyzed as part of the annual review, agents are only required to provide the Department with a listing of all IOTAs used for the deposit of non-directed escrow funds maintained by the agent.

Using the below table, provide a listing of all IOTAs that existed during the reporting period.

If there are more than 10 IOTAs, attach a supplemental spreadsheet making sure to include the six column headings listed below. If you wish to attach a spreadsheet of all accounts in lieu of using the form below, all spreadsheets must mirror the format below and include the six column headings listed.

| Name or Title of IOTA | Account # (do not include routing #) | Depository Institution | Depository City and State | Date Opened | Date Closed |
|-----------------------|--------------------------------------|------------------------|---------------------------|-------------|-------------|
| 1.                    |                                      |                        |                           |             |             |
| 2.                    |                                      |                        |                           |             |             |
| 3.                    |                                      |                        |                           |             |             |
| 4.                    |                                      |                        |                           |             |             |
| 5.                    |                                      |                        |                           |             |             |
| 6.                    |                                      |                        |                           |             |             |
| 7.                    |                                      |                        |                           |             |             |
| 8.                    |                                      |                        |                           |             |             |
| 9.                    |                                      |                        |                           |             |             |
| 10.                   |                                      |                        |                           |             |             |

**SECTION #4 – DETERMINATION OF FILING STATUS**

Please answer the four questions below to determine your filing status:

1. Do you handle escrow funds of clients or third parties that are required to be deposited in an IOTA **in your name**?

Yes  No

If you answered “Yes” to question 1, please proceed to question 2.



If you answered “No” to question 1, please skip the next three questions and complete the gray shaded box below.

2. If you answered “Yes” to question 1, have you had your escrow accounts reviewed by one or more of the companies with whom you were appointed during the twelve-month period?

Yes  No

If you answered “Yes” to question 2, please proceed to question 3.

If you answered “No” to question 2, please proceed to question 4.

3. If you answered “Yes” to question 2, please list below the date of the review and the name of the insurance company.

| Date of Insurance Company Review: | Name of Insurance Company That Performed the Review: |
|-----------------------------------|--|
|                                   |  |
|                                   |  |

4. Did you average **five or less Ohio transactions per month** during the review period that are required to be deposited in an IOTA in your name?

Yes  No

If you answered “No” to either question 2 or question 4, you are required to attach an Independent Annual Review (CPA Report of the Agreed-Upon Procedures) as outlined in OAC 3901-7-01 (H)(2).

If you answered “No” to question 1 **OR** “Yes” to questions 1, 2, 3, and 4, you qualify for an EXEMPTION under OAC 3901-7-01 (F) and do not need to submit an Independent Annual Review of your escrow accounts. Please read and sign the gray shaded box below to confirm your EXEMPT filing status.

I hereby certify that, under penalty of perjury, all of the information submitted in the above filing is true, complete and accurate. I am aware that submitting false information or omitting pertinent or material information in connection with this form is grounds for license revocation and may subject me to civil and/or criminal penalties.

Printed/Typed Name of Agent or Authorized Representative of Business Entity Agent named on this filing:

\_\_\_\_\_

Signature of Individual Agent or Authorized Representative of Business Entity Agent named on this filing:

\_\_\_\_\_

Date signed:

\_\_\_\_\_

Title of Authorized Representative:  
(if applicable)

\_\_\_\_\_

**If you are required, pursuant to OAC 3901-7-01, to provide any information regarding your Independent Annual Review findings, or if there is an issue that requires further explanation, please complete Section #5**

**SECTION #5 – AGENT EXPLANATIONS**

If more space is required, expand the text box and create additional page(s) for your text as needed.

5. Does your Independent Annual Review have any findings?

No     Yes

If you answered “Yes” to question 5, please explain each finding in the space below:

I hereby certify that, under penalty of perjury, all of the information submitted in the above filing is true, complete, and accurate. I am aware that submitting false information or omitting pertinent or material information in connection with this form is grounds for license revocation and may subject me to civil and/or criminal penalties.

Printed/Typed Name of Individual Agent or Authorized Representative of Business Entity Agent named on this filing: \_\_\_\_\_

Signature of Individual Agent or Authorized Representative of Business Entity Agent named on this filing: \_\_\_\_\_

Date signed: \_\_\_\_\_

Title of Authorized Representative:  
(if applicable) \_\_\_\_\_