

**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 \$ _____

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

	<b>TOTAL Liabilities</b> \$ _____
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Shareholders’ Equity common stock \$ _____	Additional paid-in capital \$ _____
Retained earnings \$ _____	

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

<b>TOTAL Assets</b> \$ _____	<b>TOTAL Liabilities and shareholders' equity</b> \$ _____
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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.

_____	_____	( ) -
<b>Print Name</b>	<b>Email</b>	<b>Direct Number</b>

_____	_____	_____ / _____ / _____
<b>Signature</b>	<b>Title</b>	<b>Date</b>