



ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2011

OF THE CONDITION AND AFFAIRS OF THE

REAL ADVANTAGE TITLE INSURANCE COMPANY

NAIC Group Code 0000, NAIC Company Code 50440 Employer's ID Number 31-1132482
 (Current Period) (Prior Period)

Organized under the Laws of OHIO, State of Domicile or Port of Entry Ohio

Country of Domicile US

Incorporated/Organized November 29, 1984 Commenced Business June 13, 1985

Statutory Home Office 640 N. TUSTIN AVENUE, STE 106, SANTA ANA, California 92705
 (Street and Number, City or Town, State and Zip Code)

Main Administrative Office 640 N. TUSTIN AVENUE, STE 106, SANTA ANA, California 92705 714-558-2836
 (Street and Number, City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 640 N. TUSTIN AVENUE, STE 106, SANTA ANA, California 92705
 (Street and Number or P.O. Box, City or Town, State and Zip Code)

Primary Location of Books and Records 640 N. TUSTIN AVENUE, STE 106, SANTA ANA, California 92705
 (Street and Number, City or Town, State and Zip Code)
714-558-2836
 (Area Code) (Telephone Number)

Internet Website Address N/A

Statutory Statement Contact BILL BURDING 714-558-2836
 (Name) (Area Code) (Telephone Number) (Extension)
billburding@octitle.com 714-541-3677
 (E-Mail Address) (Fax Number)

OFFICERS

Rich Macaluso (President, Director, CFO and Treasurer)
 Mike Marconi (Director, EVP and Secretary)
 Bill Burding (Director, EVP and General Counsel)

OTHER OFFICERS

John Wiley (Director and EVP)

DIRECTORS OR TRUSTEES

Rich Macaluso
 Mike Marconi
 Bill Burding
 John Wiley

State of California }
 County of Orange } SS

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Rich Macaluso
 President

Rich Macaluso
 CFO and Treasurer

Mike Marconi
 Secretary

Subscribed and sworn to before me this
 day of February 2012

a. Is this an original filing? Yes (X) No ()

b. If no: 1. State the amendment number _____

2. Date filed _____

3. Number of pages attached _____

**EXHIBIT OF PREMIUMS AND LOSSES
DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2011**

Type of Business	1 Number of Policies Issued During the Year	2 Direct Amount of Insurance Written in Millions (\$000,000 Omitted	3 Direct Premiums Written	4 Other Income On Policies Issued For the Type of Business	5 Amounts Paid to or Retained by Title Agents	6 Taxes Licenses and Fees Incurred	7 Direct Premiums Earned	8 Direct Losses Paid	9 Direct Allocated Loss Adjustment Expenses Paid	10 Direct Losses and Allocated Loss Adjustment Expenses Incurred	11 Direct Known Claim Reserve
1. Policies Issued Directly					XXX	XXX					
2. Policies Issued by Non-Affiliated Agents											
3. Policies Issued by Affiliated Agents											
4. All Other	XXX	XXX					XXX	XXX	XXX	XXX	XXX
5. Aggregate write-ins for Line 5											
6. TOTALS											
DETAILS OF WRITE-INS											
0501											
0502											
0503											
0598. Summary of remaining write-ins for Line 05 from overflow page											
0599. Totals (Line 0501 through Line 0503 plus Line 0598) (Line 5 above)							XXX				

NONE



**EXHIBIT OF PREMIUMS AND LOSSES
DIRECT BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2011**

Type of Business	1 Number of Policies Issued During the Year	2 Direct Amount of Insurance Written in Millions (\$000,000 Omitted)	3 Direct Premiums Written	4 Other Income On Policies Issued For the Type of Business	5 Amounts Paid to or Retained by Title Agents	6 Taxes Licenses and Fees Incurred	7 Direct Premiums Earned	8 Direct Losses Paid	9 Direct Allocated Loss Adjustment Expenses Paid	10 Direct Losses and Allocated Loss Adjustment Expenses Incurred	11 Direct Known Claim Reserve
1. Policies Issued Directly					XXX	XXX					
2. Policies Issued by Non-Affiliated Agents											
3. Policies Issued by Affiliated Agents											
4. All Other	XXX	XXX					XXX	XXX	XXX	XXX	XXX
5. Aggregate write-ins for Line 5											
6. TOTALS											
DETAILS OF WRITE-INS											
0501											
0502											
0503											
0598. Summary of remaining write-ins for Line 05 from overflow page											
0599. Totals (Line 0501 through Line 0503 plus Line 0598) (Line 5 above)							XXX				

NONE

Page 19
Schedule E, Part 1A
NONE

Page 20
Schedule E, Part 1B
NONE

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Schedule E, Part 1C
NONE

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Schedule E, Part 1D
NONE

Schedule E, Part 1E
NONE

SCHEDULE E - PART 1F - FUNDS ON DEPOSIT - INTERROGATORIES

1. Does the reporting entity require, at least annually, letters of representation from its directors and officers concerning conflicts of interest in relation to :
 - 1.1 The supply of goods or paid provision of personal services to a reporting entity depository listed in Schedule E - Part 1, or its parent, subsidiaries, or any of its affiliates? Yes () No (X)
 - 1.2 Real estate agreements, including, but not limited to lease, rental, mortgage, or purchase agreements with the reporting entity depository listed in Schedule E - Part 1, or its parent, subsidiaries, or any of its affiliates? Yes () No (X)
- 2.1 Is the reporting entity aware of any real estate agreements, including, but not limited to lease, rental, mortgage, or purchase agreements, existing between the reporting entity, its parent, subsidiaries, or any of its affiliates, and any depository listed in Schedule E - Part 1, or its parent, subsidiaries or any of its affiliates? Yes () No (X)
- 2.2 If yes, give details below.
.....
3. Does the reporting entity maintain sufficient records of funds held as escrow or security deposits and reported in Exhibit Capital Gains (Losses) and Schedule E - Part 1A that will enable it to identify the funds on an individual basis? Yes () No (X)

Page 24

Schedule F, Part 1

NONE

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Schedule F, Part 2

NONE

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Schedule F, Part 3

NONE

Schedule F, Part 3 Bank Footnote

NONE

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Schedule H, Part 1

NONE

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Schedule H, Part 2

NONE

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Schedule H, Part 3

NONE

Schedule H, Verification Between Years

NONE

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Schedule H, Part 4

NONE

SCHEDULE P - PART 1A - POLICIES WRITTEN DIRECTLY

(\$000 Omitted)

Years in Which Policies Were Written	1 Amount of Insurance Written in Millions	Premiums Written and Other Income					Loss and Allocated Loss Adjustment Expenses Payments					
		2 Direct Premium	3 Assumed Premium	4 Other Income	5 Ceded Premium	6 Net Columns (2 + 3 + 4 - 5)	Loss Payments			Allocated LAE Payments		
							7 Direct	8 Assumed	9 Ceded	10 Direct	11 Assumed	12 Ceded
1. Prior	XXX	9,186				9,186	139					
2. 2002		1,449		1,552	555	2,446	341					
3. 2003							2					
4. 2004				4		4	88					
5. 2005						4	67					
6. 2006				11		11	3					
7. 2007				11		11	27					
8. 2008				13		13	3					
9. 2009												
10. 2010												
11. 2011												
12. Totals	XXX	10,635		1,591	555	11,671	670					

	13 Salvage and Subrogation Received	14 Unallocated Loss Expense Payments	15 Total Net Loss and Expense Paid (Columns 7 + 8 + 10 + 11 - 9 - 12 + 14)	16 Number of Claims Reported (Direct)	Loss and Allocated Loss Adjustment Expenses Unpaid						23 Unallocated Loss Expense Unpaid	
					Known Claim Reserves			IBNR Reserves				
					17 Direct	18 Assumed	19 Ceded	20 Direct	21 Assumed	22 Ceded		
1. Prior			139									
2. 2002			341		6							
3. 2003			2			5						
4. 2004			88		10	21						
5. 2005			67		5	(13)						
6. 2006			3		8	(13)						
7. 2007			27		1	10						
8. 2008			3			(10)						
9. 2009												
10. 2010												
11. 2011												
12. Totals			670		30							

	24 Total Net Loss and LAE Unpaid (Columns 17 + 18 + 20 + 21 - 19 - 22 + 23)	25 Number of Claims Outstanding (Direct)	Losses and Allocated Loss Expenses Incurred				Loss and LAE Ratio		32 Net Loss and LAE Per \$1000 of Coverage ([Columns 14 + 23 + 26] / Column 2)	33 Discount For Time Value of Money	34 Net Reserves After Discount (Columns 24 - 33)	
			26 Direct (Columns 7 + 10 + 17 + 20)	27 Assumed (Columns 8 + 11 + 18 + 21)	28 Ceded (Columns 9 + 12 + 19 + 22)	29 Net	30 Direct Basis ([Columns 14 + 23 + 26] / Column 2)	31 Net Basis ([Columns 14 + 23 + 29] / [Columns 6 - 4])				
1. Prior		139	139				139			XXX		
2. 2002			341				341	0.2	0.4			
3. 2003	5		7				7				5	
4. 2004	21		109				109				21	
5. 2005	(13)	9	54				54				(13)	
6. 2006	(13)		(10)				(10)				(13)	
7. 2007	10		37				37				10	
8. 2008	(10)		(7)				(7)				(10)	
9. 2009												
10. 2010												
11. 2011												
12. Totals		148	670				670	XXX	XXX	XXX		

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Schedule P, Part 1B
NONE

SCHEDULE P - PART 2 - POLICY YEAR INCURRED LOSS AND ALAE

Years in Which Policies Were Written	Incurred Losses and Allocated Expenses at Year End (\$000 omitted) Including Known Claims and IBNR on Unreported Claims											
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	11 One Year (Columns 10-9)	12 Two Year (Columns 10-8)
1. Prior												
2. 1992												
3. 1993												
4. 1994												
5. 1995												
6. 1996												
7. 1997												
8. 1998												
9. 1999												
10. 2000												
11. 2001											139	139
12. 2002											341	341
13. 2003	XXX										7	7
14. 2004	XXX	XXX									109	109
15. 2005	XXX	XXX	XXX								54	54
16. 2006	XXX	XXX	XXX	XXX							(10)	(10)
17. 2007	XXX	XXX	XXX	XXX	XXX						37	37
18. 2008	XXX	XXX	XXX	XXX	XXX	XXX					(7)	(7)
19. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
20. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
21. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
22. Totals											670	670

SCHEDULE P - PART 2A - POLICY YEAR PAID LOSS AND ALAE

Years in Which Policies Were Written	Cumulative Paid Losses and Allocated Expenses at Year End (\$000 omitted)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011		
1. Prior												
2. 1992												
3. 1993												
4. 1994												
5. 1995												
6. 1996												
7. 1997												
8. 1998												
9. 1999												
10. 2000												
11. 2001											139	
12. 2002											341	
13. 2003	XXX										2	
14. 2004	XXX	XXX									88	
15. 2005	XXX	XXX	XXX								67	
16. 2006	XXX	XXX	XXX	XXX							3	
17. 2007	XXX	XXX	XXX	XXX	XXX						27	
18. 2008	XXX	XXX	XXX	XXX	XXX	XXX					3	
19. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
20. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
21. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 2B - POLICY YEAR LOSS AND ALAE CASE BASIS RESERVES

Years in Which Policies Were Written	Case Basis Losses and Allocated Expenses Reserves at Year End (\$000 omitted)									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior										
2. 1992										
3. 1993										
4. 1994										
5. 1995										
6. 1996										
7. 1997										
8. 1998										
9. 1999										
10. 2000										
11. 2001										
12. 2002										
13. 2003	XXX									5
14. 2004	XXX	XXX								21
15. 2005	XXX	XXX	XXX							(13)
16. 2006	XXX	XXX	XXX	XXX						(13)
17. 2007	XXX	XXX	XXX	XXX	XXX					10
18. 2008	XXX	XXX	XXX	XXX	XXX	XXX				(10)
19. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
20. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
21. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 2C - POLICY YEAR BULK RESERVES ON KNOWN CLAIMS

Years in Which Policies Were Written	Bulk Reserves on Known Claims at Year End (\$000 omitted) Loss and Allocated Loss Expense									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior										
2. 1992										
3. 1993										
4. 1994										
5. 1995										
6. 1996										
7. 1997										
8. 1998										
9. 1999										
10. 2000										
11. 2001										
12. 2002										
13. 2003	XXX									
14. 2004	XXX	XXX								
15. 2005	XXX	XXX	XXX							
16. 2006	XXX	XXX	XXX	XXX						
17. 2007	XXX	XXX	XXX	XXX	XXX					
18. 2008	XXX	XXX	XXX	XXX	XXX	XXX				
19. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
20. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
21. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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Schedule P, Part 2D
NONE

SCHEDULE P - PART 3 - INCURRED LOSS AND ALAE BY YEAR OF FIRST REPORT

Years in Which Claims Were First Reported	Losses and Allocated Expenses at Year End (\$000 omitted)										Incurred Loss and ALAE on Known Claims and Bulk Reserves on Known Claims	
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	11 One Year (Columns 10-9)	12 Two Year (Columns 10-8)
1. Prior											139	139
2. 2002											341	341
3. 2003	XXX										2	2
4. 2004	XXX	XXX									88	88
5. 2005	XXX	XXX	XXX								67	67
6. 2006	XXX	XXX	XXX	XXX							3	3
7. 2007	XXX	XXX	XXX	XXX	XXX						27	27
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX					3	3
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											670	670

SCHEDULE P - PART 3A - PAID LOSS AND ALAE BY YEAR OF FIRST REPORT

Years in Which Claims Were First Reported	Cumulative Paid Losses and Allocated Expenses at Year End (\$000 omitted)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011		
1. Prior											139	
2. 2002											341	
3. 2003	XXX										2	
4. 2004	XXX	XXX									88	
5. 2005	XXX	XXX	XXX								67	
6. 2006	XXX	XXX	XXX	XXX							3	
7. 2007	XXX	XXX	XXX	XXX	XXX						27	
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX					3	
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3B - LOSS AND ALAE CASE BASIS RESERVES BY YEAR OF FIRST REPORT

Years in Which Claims Were First Reported	Case Basis Losses and Allocated Expenses Reserves at Year End (\$000 omitted)									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	X							
6. 2006	XXX	XXX	X							
7. 2007	XXX	XXX	X							
8. 2008	XXX	XXX	X							
9. 2009	XXX	XXX	X							
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE**NONE****SCHEDULE P - PART 3C - BULK RESERVES ON KNOWN CLAIMS BY YEAR OF FIRST REPORT**

Years in Which Claims Were First Reported	Bulk Reserves on Known Claims at Year End (\$000 omitted)									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	X							
6. 2006	XXX	XXX	X							
7. 2007	XXX	XXX	X							
8. 2008	XXX	XXX	X							
9. 2009	XXX	XXX	X							
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4A - POLICY YEAR REPORTED CLAIM COUNTS

Years in Which Policies Were Written	Number of Claims Reported (Direct)									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior										
2. 1992										
3. 1993										
4. 1994										
5. 1995										
6. 1996										
7. 1997										
8. 1998										
9. 1999										
10. 2000										
11. 2001										
12. 2002										
13. 2003	XXX									6
14. 2004	XXX	XXX								10
15. 2005	XXX	XXX	XXX							5
16. 2006	XXX	XXX	XXX	XXX						8
17. 2007	XXX	XXX	XXX	XXX	XXX					1
18. 2008	XXX	XXX	XXX	XXX	XXX	XXX				
19. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
20. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
21. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4B - POLICY YEAR CLAIMS CLOSED WITH LOSS PAYMENT

Years in Which Policies Were Written	Number of Claims Closed With Loss Payment									
	1 2002	2	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior										
2. 1992										
3. 1993										
4. 1994										
5. 1995										
6. 1996										
7. 1997										
8. 1998										
9. 1999										
10. 2000										
11. 2001										
12. 2002										
13. 2003	XXX									
14. 2004	XXX	XXX								
15. 2005	XXX	XXX	X							
16. 2006	XXX	XXX	X							
17. 2007	XXX	XXX	XXX	XXX	XXX					
18. 2008	XXX	XXX	XXX	XXX	XXX	XXX				
19. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
20. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
21. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4C - POLICY YEAR CLAIMS CLOSED WITHOUT LOSS PAYMENT

Years in Which Policies Were Written	Number of Claims Closed Without Loss Payment									
	1 2002	2	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior										
2. 1992										
3. 1993										
4. 1994										
5. 1995										
6. 1996										
7. 1997										
8. 1998										
9. 1999										
10. 2000										
11. 2001										
12. 2002										
13. 2003	XXX									
14. 2004	XXX	XXX								
15. 2005	XXX	XXX	X							
16. 2006	XXX	XXX	X							
17. 2007	XXX	XXX	XXX	XXX	XXX					
18. 2008	XXX	XXX	XXX	XXX	XXX	XXX				
19. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
20. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
21. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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Schedule P, Part 5A
NONE

Schedule P, Part 5B
NONE

Schedule P, Part 5C
NONE

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE REAL ADVANTAGE TITLE INSURANCE COMPANY
SCHEDULE P INTERROGATORIES

1.1 Title insurance losses should include all losses on any transaction for which a title insurance premium, rate or charge was made or contemplated. Escrow losses for which the company is contractually obligated should be included. Losses arising from defalcations for which the reporting entity is contractually obligated should be included. Are the title insurance losses reported in Schedule P defined in conformance with the above definition? Yes (X) No ()

1.2 If not describe the types of losses reported.

1.3 If the types or basis of reporting has changed over time, please explain the nature of such changes.

2.1 Are paid loss and allocated loss adjustment expenses reduced on account of salvage or subrogation in accordance with the instructions? Yes (X) No ()

2.2 If not, describe the basis of reporting.

2.3 If the basis of reporting has changed over time, please explain the nature of such changes.

3.1 Are sales of salvage at prices different from their book value recorded in accordance with the instructions? Yes (X) No ()

3.2 If not, describe the basis of reporting.

3.3 If the basis of reporting has changed over time, please explain the nature of such changes.

4.1 Are the case basis reserves reported gross of anticipated salvage and subrogation in accordance with the instructions? Yes (X) No ()

4.2 If not, please explain.

4.3 If the basis of reporting has changed over time, please explain the nature of such changes.

5.1 Do any of the reserves reported in Schedule P contain a provision for reserve discount, contingency margin, or any other element not providing for an estimation of ultimate liability? Yes () No (X)

5.2 If so, please explain.

6.1 Does the company IBNR reserves in Schedule P reconcile to the IBNR reserves prepared on a GAAP basis? Yes (X) No ()

6.2 If not, please explain.

7.1 Are allocated loss adjustment expenses recorded in accordance with the instructions? Yes (X) No ()

7.2 If not, please explain which items are not in conformity.

7.3 If the basis of reporting has changed over time, please explain the nature of such changes.

8.1 The unallocated loss adjustment expenses paid during the most recent calendar year should be distributed to the various policy years in which the policy was issued as follows: (1) 10% to the most recent policy year, (2) 20% to the next most recent policy year, (3) 10% to the succeeding policy year, (4) 5% to each of the next two succeeding policy years, and (5) the balance to all policy years, including the most recent policy year, in proportion to the amount of loss payments paid for each policy year during the most recent calendar year. Are they so reported? Yes (X) No ()

8.2 If estimates were used prior to 1996, please explain the basis of such estimates.

9. Indicate the basis of determining claim counts:

9.1 Are policies having multiple claims shown in Schedule P as a single claim? Yes (X) No ()

9.2 Are claims closed without payment removed from the claim count? Yes (X) No ()

9.3 If the definition of claim count has changed over time, please explain the nature of such changes.

10.1 Have there been any portfolio reinsurance transfers or other accounting conventions that have caused a mismatch of premiums, other income, loss or ALAE? Yes () No (X)

10.2 If so, please explain.

11.1 Have there been any excess of loss or stop loss reinsurance treaties or other accounting conventions that have caused a mismatch of premiums, other income, loss or ALAE? Yes () No (X)

11.2 If so, please explain.

12.1 Have there been any major mergers or acquisitions, either with respect to an insurer or an agent, that had a material impact on operations or claims development? Yes () No (X)

12.2 If so, please explain.

13.1 Were any estimates or allocations used to complete this data request? Yes () No (X)

13.2 If so, please explain the nature of the estimate or allocation, the assumptions made and the data used to support your assumptions.

14. Are there any especially significant events, coverage, retention or accounting changes which have occurred which must be considered when making an analysis of the information provided? Yes () No (X)

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE REAL ADVANTAGE TITLE INSURANCE COMPANY

SCHEDULE Y**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*

NONE

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Asterisk	Explanation
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NONE

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Sch. Y, Pt. 2, Insurer's Transactions with any Affiliates

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

Response**MARCH FILING**

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

WAIVED

Explanation:

Barcode:

Document Identifier 460:



2. Will an actuarial opinion be filed by March 1?

WAIVED

Explanation:

Barcode:

Document Identifier 440:

**APRIL FILING**

3. Will Management's Discussion and Analysis be filed by April 1?

YES

Explanation:

Barcode:

Document Identifier 350:

4. Will the Supplemental Schedule of Business Written by Agency be filed with the state of domicile by April 1?

YES

Explanation:

Barcode:

Document Identifier 480:

5. Will the Supplemental Investment Risk Interrogatories be filed by April 1?

YES

Explanation:

Barcode:

Document Identifier 285:

JUNE FILING

6. Will an audited financial report be filed by June 1?

WAIVED

Explanation:

Barcode:

Document Identifier 220:



7. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

YES

Explanation:

Barcode:

Document Identifier 221:

AUGUST FILING

8. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?

YES

Explanation:

Barcode:

Document Identifier 222:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions

	<u>Response</u>
MARCH FILING	
9. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
Explanation:	
Barcode: Document Identifier 420:	 5 0 4 4 0 2 0 1 1 4 2 0 0 0 0 0 0 0
10. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
Explanation:	
Barcode: Document Identifier 224:	 5 0 4 4 0 2 0 1 1 2 2 4 0 0 0 0 0 0
11. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
Explanation:	
Barcode: Document Identifier 225:	 5 0 4 4 0 2 0 1 1 2 2 5 0 0 0 0 0 0
12. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
Explanation:	
Barcode: Document Identifier 226:	 5 0 4 4 0 2 0 1 1 2 2 6 0 0 0 0 0 0
AUGUST FILING	
13. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanation:	
Barcode: Document Identifier 223:	

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