



**ANNUAL STATEMENT**  
 FOR THE YEAR ENDED DECEMBER 31, 2011

OF THE CONDITION AND AFFAIRS OF THE

**The Bankers Guarantee Title & Trust Company**

NAIC Group Code 0000, NAIC Company Code 50164 Employer's ID Number 340083590  
 (Current Period) (Prior Period)

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

Country of Domicile US

Incorporated/Organized August 11, 1911 Commenced Business August 11, 1911

Statutory Home Office 2872 W Market Street, Fairlawn, Ohio 44333  
 (Street and Number, City or Town, State and Zip Code)

Main Administrative Office N/A  
 (Street and Number, City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address N/A  
 (Street and Number or P. O. Box, City or Town, State and Zip Code)

Primary Location of Books and Records N/A  
 (Street and Number, City or Town, State and Zip Code)  
 (Area Code) (Telephone Number)

Internet Website Address N/A

Statutory Statement Contact Richard L Pace 330 867 1600  
 (Name) (Area Code) (Telephone Number) (Extension)  
rpace@bankersguarantee.com 330 867 1935  
 (E-Mail Address) (Fax Number)

**OFFICERS**

Richard L Pace (President)  
 Patricia K Smith (Vice Pres/Sec/Tres)  
 Richard M Herberich (Vice Pres)

**OTHER OFFICERS**

**DIRECTORS OR TRUSTEES**

Richard L Pace  
 Patricia K Smith  
 Richard M Herberich  
 David Herberich  
 Joel D Crawfis, III  
 John P Davis

State of Ohio }  
 County of Summit } 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.

Richard L Pace  
 President

Subscribed and sworn to before me this  
 day of January 2012

Patricia K Smith  
 V Pres/Sec/Tres

Richard M Herberich  
 Vice President

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 44,670	XXX					
2. Policies Issued by Non-Affiliated Agents .....	113		61,827			XXX XXX XXX		59,074			
3. Policies Issued by Affiliated Agents .....											
4. All Other .....	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. Aggregate write-ins for Line 5 .....					44,670	XXX					
6. TOTALS .....	113		61,827			XXX		59,074			
<b>DETAILS OF WRITE-INS</b>											
0501 .....						XXX					
0502 .....						XXX					
0503 .....						XXX					
0598. Summary of remaining write-ins for Line 05 from overflow page .....						XXX					
0599. Totals (Line 0501 through Line 0503 plus Line 0598) (Line 5 above) .....						XXX					

**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 44,670	XXX					
2. Policies Issued by Non-Affiliated Agents .....	113		61,827			XXX	59,074				
3. Policies Issued by Affiliated Agents .....						XXX					
4. All Other .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. Aggregate write-ins for Line 5 .....					44,670	XXX					
6. TOTALS .....	113		61,827			XXX	59,074				
<b>DETAILS OF WRITE-INS</b>											
0501 .....						XXX					
0502 .....						XXX					
0503 .....						XXX					
0598. Summary of remaining write-ins for Line 05 from overflow page .....						XXX					
0599. Totals (Line 0501 through Line 0503 plus Line 0598) (Line 5 above) .....						XXX					

**SCHEDULE E - PART 1A - SEGREGATED FUNDS HELD  
FOR OTHERS AS NON-INTEREST EARNING CASH DEPOSITS**

Showing all Banks, Trust Companies, Savings and Loan and Building and Loan Associations in which non-interest earning deposits of segregated funds held for others were maintained by the Company at any time during the year and the balances, if any (according to reporting entity's records) on December 31, of the current year.

1	2	3
Depository	Rate of Interest	Balance
Name	Location and Supplemental Information	
Federally Insured Depositories - Open Depositories		
0199999 - TOTAL - Federally Insured Depositories - Open Depositories .....		

1.      Totals: Last day of January .....	
2.      February .....	
3.      March .....	
4.      April .....	
5.      May .....	
6.      June .....	
7.      July .....	
8.      August .....	
9.      September .....	
10.     October .....	
11.     November .....	
12.     December .....	

**SCHEDULE E - PART 1B - SEGREGATED FUNDS HELD FOR OTHERS AS  
INTEREST EARNING CASH DEPOSITS**

Showing all Banks, Trust Companies, Savings and Loan and Building and Loan Associations in which interest earning deposits of segregated funds held for others were maintained by the Company at any time during the year and the balances, if any (according to reporting entity's records) on December 31, of the current year.

1 Depository	2 Rate of Interest	3 Interest Received During Year	4 Interest Earned During Year	5 Balance
Name	Location and Supplemental Information			

Federally Insured Depositories - Open Depositories

Chase .....

0199999 - TOTAL - Federally Insured Depositories - Open Depositories .....

1. Totals: Last day of January .....	
2. February .....	
3. March .....	
4. April .....	
5. May .....	
6. June .....	
7. July .....	
8. August .....	
9. September .....	
10. October .....	
11. November .....	
12. December .....	

**Page 21**  
Schedule E, Part 1C  
**NONE**

**SCHEDULE E - PART 1D - SUMMARY**

Segregated Funds Held for Others			
Type	1 Non-Interest Earning	2 Interest Earning	3 Total (Column 1 Plus Column 2)
1. Open depositories .....			
2. Suspended depositories .....			
3. Total segregated cash funds held for others (General Interrogatories-Part 2, Line 9.22) .....			
4. Other forms of security held for others (General Interrogatories-Part 2, Line 9.23) .....			
5. Total all segregated funds held for others (General Interrogatories-Part 2, Line 9.21) .....			
Company Funds on Hand and on Deposit			
<b>General Funds</b>			
6. Open depositories .....			212,864
7. Suspended depositories .....			
8. Total general funds .....			212,864
<b>Reinsurance Reserve Funds</b>			
9. Open depositories .....			
10. Suspended depositories .....			
11. Total reinsurance reserve funds .....			
<b>Total Company Funds</b>			
12. Open depositories .....			212,864
13. Suspended depositories .....			
14. Total company funds on deposit (Line 8 and Line 11) .....			212,864
15. Company funds on hand .....			250
16. Total company funds on hand and on deposit .....			213,114

**SCHEDULE E - PART 1E - SUMMARY OF INTEREST EARNED**

Interest Earned On	1 Interest Earned By Company	2 Average Monthly Balance of Non-Earning Deposits	3 Average Monthly Balance of Earning Deposits
<b>Segregated Funds Held for Others</b>			
17. Open depositories .....			
18. Suspended depositories .....			
19. Total segregated funds held for others .....			
<b>Company Funds on Deposit</b>			
20. Open depositories .....			
21. Suspended depositories .....			
22. Total company funds on deposit .....			
<b>Total All Funds on Deposit</b>			
23. Open depositories .....			
24. Suspended depositories .....			
25. Total all funds on deposit .....			

**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)

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Schedule F , Part 1

**NONE**

**Page 25**

Schedule F , Part 2

**NONE**

**Page 26**

Schedule F , Part 3

**NONE**

Schedule F , Part 3 Bank Footnote

**NONE**

**Page 27**

Schedule H , Part 1

**NONE**

**Page 28**

Schedule H , Part 2

**NONE**

**Page 29**

Schedule H , Part 3

**NONE**

Schedule H , Verification Between Years

**NONE**

**Page 30**

Schedule H , Part 4

**NONE**

**Page 32**  
Schedule P, Part 1A  
**NONE**

**SCHEDULE P - PART 1B - POLICIES WRITTEN THROUGH AGENTS**

(\$000 Omitted)

Years in Which Policies Were Written	Amount of Insurance Written in Millions	Premiums Written and Other Income					Loss and Allocated Loss Adjustment Expenses Payments						
		2	3	4	5	6	Loss Payments			Allocated LAE Payments			
							Net Columns (2 + 3 + 4 - 5)	7	8	9	10	11	12
1. Prior	XXX												
2. 2002													
3. 2003													
4. 2004													
5. 2005													
6. 2006													
7. 2007													
8. 2008													
9. 2009													
10. 2010													
11. 2011		62					62						
12. Totals	XXX	62					62						

	13	14	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												
2. 2002												
3. 2003												
4. 2004												
5. 2005												
6. 2006												
7. 2007												
8. 2008												
9. 2009												
10. 2010												
11. 2011												
12. Totals												

	24	25	Losses and Allocated Loss Expenses Incurred				Loss and LAE Ratio		32	33	34
			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									XXX		
2. 2002											
3. 2003											
4. 2004											
5. 2005											
6. 2006											
7. 2007											
8. 2008											
9. 2009											
10. 2010											
11. 2011											
12. Totals							XXX	XXX	XXX		

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Schedule P , Part 2

**NONE**

Schedule P , Part 2A

**NONE**

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Schedule P , Part 2B

**NONE**

Schedule P , Part 2C

**NONE**

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Schedule P , Part 2D

**NONE**

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Schedule P , Part 3

**NONE**

Schedule P , Part 3A

**NONE**

Schedule P , Part 3B

**NONE**

Schedule P , Part 3C

**NONE**

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Schedule P , Part 4A

**NONE**

Schedule P , Part 4B

**NONE**

Schedule P , Part 4C

**NONE**

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Schedule P , Part 5A

**NONE**

Schedule P , Part 5B

**NONE**

Schedule P , Part 5C

**NONE**

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Schedule P , Interrogatories

**NONE**

**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

Asterisk	Explanation
----------	-------------

# 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. 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:	
<b>Barcode:</b> Document Identifier 420:	 5 0 1 6 4 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:	
<b>Barcode:</b> Document Identifier 224:	 5 0 1 6 4 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:	
<b>Barcode:</b> Document Identifier 225:	 5 0 1 6 4 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:	
<b>Barcode:</b> Document Identifier 226:	 5 0 1 6 4 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?	NO
Explanation:	
<b>Barcode:</b> Document Identifier 223:	 5 0 1 6 4 2 0 1 1 2 2 3 0 0 0 0 0 0

**Title**  
**Annual Statement Blank Alphabetical Index**

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