



## **ANNUAL STATEMENT**

FOR THE YEAR ENDED DECEMBER 31, 2014

# **BANKERS GUARANTEE TITLE & TRUST CO**

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

Country of Domicile US

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

Main Administrative Office 2872 W Market, Fairlawn, Ohio, US 44333 3308671600

(Street and Number, City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

(Street and Number or P. O. Box, City or Town, State, Country and Zip Code)

Primary Location of Books and Records N/A

(LAST NAME, FIRST NAME, MIDDLE NAME, CITY OR TOWN, STATE, COUNTY AND ZIP CODE)

## OFFICERS

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

## OTHER

## **DIRECTORS OR TRUSTEES**

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

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } 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

Patricia K Smith  
Vice Pres/Sec/Tres

Richard M Herberich  
Vice Pres

Subscribed and sworn to before me this  
day of 2015

a. Is this an original filing?

Yes (Y) No ( )

b. If no: 1. State the amendment number

### 2. Data flow

2. Date filed

3. Number of pages attached

**EXHIBIT OF PREMIUMS AND LOSSES  
DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2014**

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. Experience for Policies Having Type of Rate Code:											
1.01 Residential Policies Issued Directly					XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.02 Non-residential Policies Issued Directly					XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.03 Subtotal Policies Issued Directly					XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.04 Residential Policies Issued By Non-Affiliated Agents	213		132,784		101,734	XXX	XXX	XXX	XXX	XXX	XXX
1.05 Non-residential Policies Issued By Non-Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.06 Subtotal Policies Issued By Non-Affiliated Agents	213		132,784		101,734	XXX	XXX	XXX	XXX	XXX	XXX
1.07 Residential Policies Issued By Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.08 Non-residential Policies Issued By Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.09 Subtotal Policies Issued By Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.10 All Other					XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.11 Subtotal for Type of Rate Code	XXX	213	XXX 132,784		XXX 101,734	XXX	XXX	XXX	XXX	XXX	XXX
2. Experience for Policies Having Type of Rate Code:											
2.01 Residential Policies Issued Directly					XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.02 Non-residential Policies Issued Directly					XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.03 Subtotal Policies Issued Directly					XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.04 Residential Policies Issued By Non-Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.05 Non-residential Policies Issued By Non-Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.06 Subtotal Policies Issued By Non-Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.07 Residential Policies Issued By Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.08 Non-residential Policies Issued By Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.09 Subtotal Policies Issued By Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.10 All Other					XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.11 Subtotal for Type of Rate Code	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. Experience for Policies Having Type of Rate Code:											
3.01 Residential Policies Issued Directly					XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.02 Non-residential Policies Issued Directly					XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.03 Subtotal Policies Issued Directly					XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.04 Residential Policies Issued By Non-Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.05 Non-residential Policies Issued By Non-Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.06 Subtotal Policies Issued By Non-Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.07 Residential Policies Issued By Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.08 Non-residential Policies Issued By Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.09 Subtotal Policies Issued By Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.10 All Other					XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.11 Subtotal for Type of Rate Code	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. Experience for All Types of Rate Codes Combined:											
4.01 Residential Policies Issued Directly					XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.02 Non-residential Policies Issued Directly					XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.03 Total Policies Issued Directly					XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.04 Residential Policies Issued By Non-Affiliated Agents	213		132,781		101,734	XXX	XXX	XXX	XXX	XXX	XXX
4.05 Non-residential Policies Issued By Non-Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.06 Total Policies Issued By Non-Affiliated Agents	213		132,781		101,734	XXX	XXX	XXX	XXX	XXX	XXX
4.07 Residential Policies Issued By Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.08 Non-residential Policies Issued By Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.09 Total Policies Issued By Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.10 All Other					XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.11 Total for All Types of Rate Codes Combined	213		132,781		101,734	8,758	124,276				
5. Aggregate write-ins for Line 5											
6. Total	213		132,781		101,734	8,758	124,276				
<b>DETAILS OF WRITE-INS</b>											
0501. Personal Property											
0502. fees, billings											
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)											

**EXHIBIT OF PREMIUMS AND LOSSES**  
**DIRECT BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2014**

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. Experience for Policies Having Type of Rate Code:											
1.01 Residential Policies Issued Directly					XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.02 Non-residential Policies Issued Directly					XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.03 Subtotal Policies Issued Directly					XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.04 Residential Policies Issued By Non-Affiliated Agents	213		132,784		101,734	XXX	XXX	XXX	XXX	XXX	XXX
1.05 Non-residential Policies Issued By Non-Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.06 Subtotal Policies Issued By Non-Affiliated Agents	213		132,784		101,734	XXX	XXX	XXX	XXX	XXX	XXX
1.07 Residential Policies Issued By Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.08 Non-residential Policies Issued By Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.09 Subtotal Policies Issued By Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.10 All Other					XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.11 Subtotal for Type of Rate Code	XXX	213	XXX 132,784		101,734	XXX	XXX	XXX	XXX	XXX	XXX
2. Experience for Policies Having Type of Rate Code:											
2.01 Residential Policies Issued Directly					XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.02 Non-residential Policies Issued Directly					XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.03 Subtotal Policies Issued Directly					XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.04 Residential Policies Issued By Non-Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.05 Non-residential Policies Issued By Non-Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.06 Subtotal Policies Issued By Non-Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.07 Residential Policies Issued By Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.08 Non-residential Policies Issued By Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.09 Subtotal Policies Issued By Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.10 All Other					XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.11 Subtotal for Type of Rate Code	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. Experience for Policies Having Type of Rate Code:											
3.01 Residential Policies Issued Directly					XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.02 Non-residential Policies Issued Directly					XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.03 Subtotal Policies Issued Directly					XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.04 Residential Policies Issued By Non-Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.05 Non-residential Policies Issued By Non-Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.06 Subtotal Policies Issued By Non-Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.07 Residential Policies Issued By Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.08 Non-residential Policies Issued By Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.09 Subtotal Policies Issued By Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.10 All Other					XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.11 Subtotal for Type of Rate Code	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. Experience for All Types of Rate Codes Combined:											
4.01 Residential Policies Issued Directly					XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.02 Non-residential Policies Issued Directly					XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.03 Total Policies Issued Directly					XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.04 Residential Policies Issued By Non-Affiliated Agents	213		132,784		101,734	XXX	XXX	XXX	XXX	XXX	XXX
4.05 Non-residential Policies Issued By Non-Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.06 Total Policies Issued By Non-Affiliated Agents	213		132,784		101,734	XXX	XXX	XXX	XXX	XXX	XXX
4.07 Residential Policies Issued By Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.08 Non-residential Policies Issued By Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.09 Total Policies Issued By Affiliated Agents					XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.10 All Other					XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.11 Total for All Types of Rate Codes Combined	213		132,784		101,734	8,758	124,276				
5. Aggregate write-ins for Line 5						8,758	124,276				
6. Total	213		132,784		101,734	8,758	124,276				
<b>DETAILS OF WRITE-INS</b>											
0501. Personal Property											
0502. fees, billings											
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)											

**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

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 .....			7,396,624
7. Suspended depositories .....			
8. Total general funds .....			7,396,624
<b>Reinsurance Reserve Funds</b>			
9. Open depositories .....			
10. Suspended depositories .....			
11. Total reinsurance reserve funds .....			
<b>Total Company Funds</b>			
12. Open depositories .....			7,396,624
13. Suspended depositories .....			
14. Total company funds on deposit (Line 8 and Line 11) .....			7,396,624
15. Company funds on hand .....			250
16. Total company funds on hand and on deposit .....			7,396,874

**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)

**Page 24**

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**

Sch. F, Pt. 4, Provision for Reinsurance Ceded

**NONE**

Schedule F, Part 4 Bank Footnote

**NONE**

**Page 28**

Schedule H, Part 1

**NONE**

**Page 29**

Schedule H, Part 2

**NONE**

**Page 30**

Schedule H, Part 3

**NONE**

Schedule H, Verification Between Years

**NONE**

**Page 31**

Schedule H, Part 4

**NONE**

**Page 33**  
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. 2005													
3. 2006													
4. 2007													
5. 2008													
6. 2009													
7. 2010													
8. 2011		62					62						
9. 2012		108					108						
10. 2013		157					157						
11. 2014		132					132						
12. Totals	XXX	459					459						

	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. 2005												
3. 2006												
4. 2007												
5. 2008												
6. 2009												
7. 2010												
8. 2011												
9. 2012												
10. 2013												
11. 2014												
12. Totals												

	24	25	Losses and Allocated Loss Expenses Incurred				Loss and LAE Ratio		32 Net Loss and LAE Per \$1000 of Coverage ([Columns 29 + 14 + 23] / [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									XXX			
2. 2005												
3. 2006												
4. 2007												
5. 2008												
6. 2009												
7. 2010												
8. 2011												
9. 2012												
10. 2013												
11. 2014												
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**

**Page 39**

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**

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE BANKERS GUARANTEE TITLE & TRUST CO**  
**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 ( ) No (X)
- 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 ( ) No (X)
- 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 ( ) No (X)
- 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 ( ) No (X)
- 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 ( ) No (X)
- 6.2 If not, please explain.
- 7.1 Are allocated loss adjustment expenses recorded in accordance with the instructions? Yes ( ) No (X)
- 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 ( ) No (X)
- 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 ( ) No (X)
- 9.2 Are claims closed without payment removed from the claim count? Yes ( ) No (X)
- 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)

## SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) /Person(s)	15 *
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# 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. 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
<b>Explanation:</b> less than 50 stockholders	
<b>Barcode:</b> Document Identifier 420:	 5 0 1 6 4 2 0 1 4 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
<b>Explanation:</b>	
<b>Barcode:</b> Document Identifier 224:	 5 0 1 6 4 2 0 1 4 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
<b>Explanation:</b>	
<b>Barcode:</b> Document Identifier 225:	 5 0 1 6 4 2 0 1 4 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
<b>Explanation:</b>	
<b>Barcode:</b> Document Identifier 226:	 5 0 1 6 4 2 0 1 4 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
<b>Explanation:</b>	
<b>Barcode:</b> Document Identifier 223:	 5 0 1 6 4 2 0 1 4 2 2 3 0 0 0 0 0 0

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