



ANNUAL STATEMENT  
FOR THE YEAR ENDED DECEMBER 31, 2016  
OF THE CONDITION AND AFFAIRS OF THE

BANKERS GUARANTEE TITLE & TRUST CO

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 1113 Medina Rd. Suite 400, Medina, Ohio 44256

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

Main Administrative Office 400 Medina Rd. Suite 400, Medina, Ohio, US 44256 3308671600

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

Mail Address N/A

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

Primary Location of Books and Records N/A

(Street and Number, City or Town, State, Country 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)

rpac@bankersguarantee.com 330 867 1935

(E-Mail Address) (Fax Number)

OFFICERS

Richard L Pace (President)  
Patricia K Smith (Vice President)  
Michael Larsen (CFO/Treasurer)  
James C Hunt (CEO)

OTHER

Paul Kopsky, Jr (Exec Mgmt Director)  
Kara Harchuck (Exec Mgmt Dir, Sec, GC)  
James Flynn (Sr. Mnmt Director)  
Mustafa Haque (SVP, Asst GC, Asst Sec)  
David Miller (Vice Pres)  
Tracy Dennis (Vice Pres)  
Michael Becketl (Vice Pres)  
Claudia Ivey (Sr. Vice Pres)  
Barry Polen (Vice Pres)

DIRECTORS OR TRUSTEES

James C Hunt  
James Flynn  
Michael Larsen  
Kara Harchuck  
Clay Parker#

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 President

Michael Larsen  
CFO/Treasurer

Subscribed and sworn to before me this day of 2017

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 2016

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	231	121,116	121,116		81,651	XXX	XXX	XXX	XXX	XXX	XXX
1.05 Non-residential Policies Issued By Non-Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
1.06 Subtotal Policies Issued By Non-Affiliated Agents	231	121,116	121,116		81,651	XXX	XXX	XXX	XXX	XXX	XXX
1.07 Residential Policies Issued By Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
1.08 Non-residential Policies Issued By Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
1.09 Subtotal Policies Issued By Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
1.10 All Other	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.11 Subtotal for Type of Rate Code	231	121,116	121,116		81,651	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
2.05 Non-residential Policies Issued By Non-Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
2.06 Subtotal Policies Issued By Non-Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
2.07 Residential Policies Issued By Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
2.08 Non-residential Policies Issued By Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
2.09 Subtotal Policies Issued By Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
2.10 All Other	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.11 Subtotal for Type of Rate Code						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
3.05 Non-residential Policies Issued By Non-Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
3.06 Subtotal Policies Issued By Non-Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
3.07 Residential Policies Issued By Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
3.08 Non-residential Policies Issued By Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
3.09 Subtotal Policies Issued By Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
3.10 All Other	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.11 Subtotal for Type of Rate Code						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	231	121,116	121,116		81,651	XXX	XXX	XXX	XXX	XXX	XXX
4.05 Non-residential Policies Issued By Non-Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
4.06 Total Policies Issued By Non-Affiliated Agents	231	121,116	121,116		81,651	XXX	XXX	XXX	XXX	XXX	XXX
4.07 Residential Policies Issued By Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
4.08 Non-residential Policies Issued By Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
4.09 Total Policies Issued By Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
4.10 All Other						XXX	XXX	XXX	XXX	XXX	XXX
4.11 Total for All Types of Rate Codes Combined	231	121,116	121,116		81,651	XXX	XXX	XXX	XXX	XXX	XXX
5. Aggregate write-ins for Line 5						2,237	114,635				
6. Total	231	121,116	121,116		81,651	2,237	114,635				
DETAILS OF WRITE-INS											
0501. Personal Property											
0502. fees, billings						2,237	114,635				
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)						2,237	114,635				



EXHIBIT OF PREMIUMS AND LOSSES  
DIRECT BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2016

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	231	121,116	121,116		81,651	XXX	XXX	XXX	XXX	XXX	XXX
1.05 Non-residential Policies Issued By Non-Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
1.06 Subtotal Policies Issued By Non-Affiliated Agents	231	121,116	121,116		81,651	XXX	XXX	XXX	XXX	XXX	XXX
1.07 Residential Policies Issued By Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
1.08 Non-residential Policies Issued By Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
1.09 Subtotal Policies Issued By Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
1.10 All Other	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.11 Subtotal for Type of Rate Code	231	121,116	121,116		81,651	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
2.05 Non-residential Policies Issued By Non-Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
2.06 Subtotal Policies Issued By Non-Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
2.07 Residential Policies Issued By Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
2.08 Non-residential Policies Issued By Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
2.09 Subtotal Policies Issued By Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
2.10 All Other	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX
2.11 Subtotal for Type of Rate Code						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
3.05 Non-residential Policies Issued By Non-Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
3.06 Subtotal Policies Issued By Non-Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
3.07 Residential Policies Issued By Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
3.08 Non-residential Policies Issued By Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
3.09 Subtotal Policies Issued By Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
3.10 All Other	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.11 Subtotal for Type of Rate Code						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	231	121,116	121,116		81,651	XXX	XXX	XXX	XXX	XXX	XXX
4.05 Non-residential Policies Issued By Non-Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
4.06 Total Policies Issued By Non-Affiliated Agents	231	121,116	121,116		81,651	XXX	XXX	XXX	XXX	XXX	XXX
4.07 Residential Policies Issued By Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
4.08 Non-residential Policies Issued By Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
4.09 Total Policies Issued By Affiliated Agents						XXX	XXX	XXX	XXX	XXX	XXX
4.10 All Other						XXX	XXX	XXX	XXX	XXX	XXX
4.11 Total for All Types of Rate Codes Combined	231	121,116	121,116		81,651	XXX	XXX	XXX	XXX	XXX	XXX
5. Aggregate write-ins for Line 5						2,237	114,635				
6. Total	231	121,116	121,116		81,651	2,237	114,635				
DETAILS OF WRITE-INS											
0501. Personal Property											
0502. fees, billings						2,237	114,635				
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)						2,237	114,635				

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE BANKERS GUARANTEE TITLE & TRUST CO

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	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE BANKERS GUARANTEE TITLE & TRUST CO

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		2	3	4	5
Depository		Rate of Interest	Interest Received During Year	Interest Earned During Year	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**

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE BANKERS GUARANTEE TITLE & TRUST CO

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			
General Funds			
6. Open depositories .....			11,763,521
7. Suspended depositories .....			
8. Total general funds .....			11,763,521
Reinsurance Reserve Funds			
9. Open depositories .....			
10. Suspended depositories .....			
11. Total reinsurance reserve funds .....			
Total Company Funds			
12. Open depositories .....			11,763,521
13. Suspended depositories .....			
14. Total company funds on deposit (Line 8 and Line 11) .....			11,763,521
15. Company funds on hand .....			
16. Total company funds on hand and on deposit .....			11,763,521

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
Segregated Funds Held for Others			
17. Open depositories .....			
18. Suspended depositories .....			
19. Total segregated funds held for others .....			
Company Funds on Deposit			
20. Open depositories .....			
21. Suspended depositories .....			
22. Total company funds on deposit .....			
Total All Funds on Deposit			
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	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 .....	X X X											
2. 2007 .....												
3. 2008 .....												
4. 2009 .....												
5. 2010 .....												
6. 2011 .....		62				62						
7. 2012 .....		108				108						
8. 2013 .....		157				157						
9. 2014 .....		132				132						
10. 2015 .....		76				76						
11. 2016 .....		121				121						
12. Totals .....	X X X	656				656						

	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 .....											
2. 2007 .....											
3. 2008 .....											
4. 2009 .....											
5. 2010 .....											
6. 2011 .....											
7. 2012 .....											
8. 2013 .....											
9. 2014 .....											
10. 2015 .....											
11. 2016 .....											
12. Totals .....											

	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 29 + 14 + 23] / Column 1)	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 .....									X X X		
2. 2007 .....											
3. 2008 .....											
4. 2009 .....											
5. 2010 .....											
6. 2011 .....											
7. 2012 .....											
8. 2013 .....											
9. 2014 .....											
10. 2015 .....											
11. 2016 .....											
12. Totals .....							X X X	X X X	X X X		

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	2	3	4	5	6	7	8	9	10	11	12
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	One Year (Columns 10-9)	Two Year (Columns 10-8)
1. Prior												
2. 1997												
3. 1998												
4. 1999												
5. 2000												
6. 2001												
7. 2002												
8. 2003												
9. 2004												
10. 2005												
11. 2006												
12. 2007												
13. 2008	XXX											
14. 2009	XXX	XXX										
15. 2010	XXX	XXX	XXX									
16. 2011	XXX	XXX	XXX	XXX								
17. 2012	XXX	XXX	XXX	XXX	XXX							
18. 2013	XXX	XXX	XXX	XXX	XXX	XXX						
19. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
20. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
21. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
22. Totals												

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	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016		
1. Prior												
2. 1997												
3. 1998												
4. 1999												
5. 2000												
6. 2001												
7. 2002												
8. 2003												
9. 2004												
10. 2005												
11. 2006												
12. 2007												
13. 2008	XXX											
14. 2009	XXX	XXX										
15. 2010	XXX	XXX	XXX									
16. 2011	XXX	XXX	XXX	XXX								
17. 2012	XXX	XXX	XXX	XXX	XXX							
18. 2013	XXX	XXX	XXX	XXX	XXX	XXX						
19. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
20. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
21. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**Page 36**

Schedule P, Part 2B

**NONE**

Schedule P, Part 2C

**NONE**

**Page 37**

Schedule P, Part 2D

**NONE**

**Page 38**

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**

**Page 40**

Schedule P, Part 5A

**NONE**

Schedule P, Part 5B

**NONE**

Schedule P, Part 5C

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2016 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. no losses .....	
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. no losses .....	
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. no losses .....	
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. no losses .....	
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. no losses .....	
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. no losses .....	
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 calender 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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	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)	Is An SCA Filing Required? (Y/N)	*

NONE

Asterisk	Explanation
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NONE

**Page 45**

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?		YES
Explanation:		
Barcode: Document Identifier 460:		
2. Will an actuarial opinion be filed by March 1?		WAIVED
Explanation:		
Barcode: Document Identifier 440:		
	5 0 1 6 4 2 0 1 6 4 4 0 0 0 0 0 0	
		
	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:		
	5 0 1 6 4 2 0 1 6 2 2 0 0 0 0 0 0	
		
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 the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?		SEE EXPLANATION
Explanation:		
Only if noted		
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

	Response
MARCH FILING	
9. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO

Explanation:  
less than 50 stockholders

Barcode:	501642016420000000
Document Identifier 420:	

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:	501642016224000000
Document Identifier 224:	

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:	501642016225000000
Document Identifier 225:	

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:	501642016226000000
Document Identifier 226:	

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:	
Barcode:	501642016223000000
Document Identifier 223:	

Title

Annual Statement Blank Alphabetical Index

Assets .....	2	Schedule E - Part 1F - Funds on Deposit - Interrogatories .....	23
Cash Flow .....	5	Schedule E - Part 2 - Cash Equivalents .....	E27
Exhibit of Capital Gains (Losses) .....	11	Schedule E - Part 3 - Special Deposits .....	E28
Exhibit of Net Investment Income .....	11	Schedule E - Verification Between Years .....	SI15
Exhibit of Nonadmitted Assets .....	12	Schedule F - Part 1 .....	24
Exhibit of Premiums and Losses .....	18	Schedule F - Part 2 .....	25
Five-Year Historical Data .....	16	Schedule F - Part 3 .....	26
General Interrogatories .....	14	Schedule F - Part 4 .....	27
Jurat Page .....	1	Schedule H - Part 1 .....	28
Liabilities, Surplus and Other Funds .....	3	Schedule H - Part 2 .....	29
Notes to Financial Statements .....	13	Schedule H - Part 3 .....	30
Operations and Investment Exhibit (Statement of Income) .....	4	Schedule H - Part 4 .....	31
Operations and Investment Exhibit Part 1A .....	6	Schedule H - Verification Between Years .....	30
Operations and Investment Exhibit Part 1B .....	6	Schedule P - Interrogatories .....	41
Operations and Investment Exhibit Part 2A .....	7	Schedule P - Part 1 - Summary .....	32
Operations and Investment Exhibit Part 2B .....	8	Schedule P - Part 1A - Policies Written Driectly .....	33
Operations and Investment Exhibit Part 3 .....	9	Schedule P - Part 1B - Policies Written Through Agents .....	34
Operations and Investment Exhibit Part 4 .....	10	Schedule P - Part 2 - Policy Year Incurred Loss and ALAE .....	35
Overflow Page For Write-ins .....	47	Schedule P - Part 2A - Policy Year Paid Loss and ALAE .....	35
Schedule A - Part 1 .....	E01	Schedule P - Part 2B - Policy Year Loss and ALAE Case Basis Reserves .....	36
Schedule A - Part 2 .....	E02	Schedule P - Part 2C - Policy Year Bulk Reserves on Known Claims .....	36
Schedule A - Part 3 .....	E03	Schedule P - Part 2D - Policy Year IBNR Reserves .....	37
Schedule A - Verification Between Years .....	SI02	Schedule P - Part 3 - Incurred Loss and ALAE by Year of First Report .....	38
Schedule B - Part 1 .....	E04	Schedule P - Part 3A - Paid Loss and ALAE by Year of First Report .....	38
Schedule B - Part 2 .....	E05	Schedule P - Part 3B - Loss and ALAE Case Basis Reserves by Year of First Report .....	38
Schedule B - Part 3 .....	E06	Schedule P - Part 3C - Bulk Reserves on Known Claims by Year of First Report .....	38
Schedule B - Verification Between Years .....	SI02	Schedule P - Part 4A - Policy Year Reported Claim Counts .....	39
Schedule BA - Part 1 .....	E07	Schedule P - Part 4B - Policy Year Claim Closed With Loss Payment .....	39
Schedule BA - Part 2 .....	E08	Schedule P - Part 4C - Policy Year Claim Closed Without Loss Payment .....	39
Schedule BA - Part 3 .....	E09	Schedule P - Part 5A - Report Year Reported Claim Counts .....	40
Schedule BA - Verification Between Years .....	SI03	Schedule P - Part 5B - Report Year Claims Closed With Loss Payment .....	40
Schedule D - Part 1 .....	E10	Schedule P - Part 5C - Report Year Claims Closed Without Loss Payment .....	40
Schedule D - Part 1A - Section 1 .....	SI05	Schedule T - Exhibit of Premiums Written .....	42
Schedule D - Part 1A - Section 2 .....	SI08	Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group .....	43
Schedule D - Part 2 - Section 1 .....	E11	Schedule Y - Part 1A - Detail of Insurance Holding Company System .....	44
Schedule D - Part 2 - Section 2 .....	E12	Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates .....	45
Schedule D - Part 3 .....	E13	Summary Investment Schedule .....	SI01
Schedule D - Part 4 .....	E14	Supplemental Exhibits and Schedules Interrogatories .....	46
Schedule D - Part 5 .....	E15		
Schedule D - Part 6 - Section 1 .....	E16		
Schedule D - Part 6 - Section 2 .....	E16		
Schedule D - Summary By Country .....	SI04		
Schedule D - Verification Between Years .....	SI03		
Schedule DA - Part 1 .....	E17		
Schedule DA - Verification Between Years .....	SI10		
Schedule DB - Part A - Section 1 .....	E18		
Schedule DB - Part A - Section 2 .....	E19		
Schedule DB - Part A - Verification Between Years .....	SI11		
Schedule DB - Part B - Section 1 .....	E20		
Schedule DB - Part B - Section 2 .....	E21		
Schedule DB - Part B - Verification Between Years .....	SI11		
Schedule DB - Part C - Section 1 .....	SI12		
Schedule DB - Part C - Section 2 .....	SI13		
Schedule DB - Part D - Section 1 .....	E22		
Schedule DB - Part D - Section 2 .....	E23		
Schedule DB - Verification .....	SI14		
Schedule DL - Part 1 .....	E24		
Schedule DL - Part 2 .....	E25		
Schedule E - Part 1 - Cash .....	E26		
Schedule E - Part 1A - Segregated Funds Held For Others as Non-Interest Earning Cash Deposits .....	19		
Schedule E - Part 1B - Segregated Funds Held For Others as Interest Earning Cash Deposits .....	20		
Schedule E - Part 1C - Reinsurance Reserve Funds .....	21		
Schedule E - Part 1D - Summary .....	22		
Schedule E - Part 1E - Summary of Interest Earned .....	22		