
AMENDED FILING EXPLANATION

This page is required to be updated/completed any time an amended filing is created. Re-file of Sch BA Verification



ANNUAL STATEMENT

For the Year Ended December 31, 2018

of the Condition and Affairs of the

THE BANKERS GUARANTEE TITLE & TRUST CO

NAIC Group Code.....	50164, 50164	NAIC Company Code.....	50164	Employer's ID Number.....	340083590
	(Current Period) (Prior Period)				
Organized under the Laws of OH		State of Domicile or Port of Entry OH		Country of Domicile	US
Incorporated/Organized.....	August 11, 1911	Commenced Business.....	August 11, 1911		
Statutory Home Office	1113 Medina Rd. Suite 400 .. Medina .. OH 44256 (Street and Number) (City or Town, State, Country and Zip Code)				
Main Administrative Office	1113 Medina Rd. Suite 400 .. Medina .. OH .. US .. 44256 (Street and Number) (City or Town, State, Country and Zip Code)				
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)				
Internet Web Site Address	www.bankersguarantee.com				
Statutory Statement Contact	Richard L Pace (Name)				
	rpace@bankersguarantee.com (E-Mail Address)				
	330 867 1601 (Area Code) (Telephone Number) (Extension)				
	330 867 1935 (Fax Number)				

OFFICERS

Name	Title	Name	Title
1. Richard L Pace	President	2. Patricia K Smith	Vice President
3. Mlchael Larsen	CFO/Treasurer	4. James C Hunt	CEO
OTHER			
James Flynn	Sr. Mnmt Director	Kara Harchuck	Exec Mgmt Dir, Sec, GC
David Miller	Vice Pres	Mustafa Haque	SVP, Asst GC, Asst Sec
Claudia Ivey	Sr. Vice Pres	Tracy Dennis	Vice Pres

DIRECTORS OR TRUSTEES

James C Hunt	James Flynn	Michael Larsen	Kara Harchuck
Clay Parker			

State of.....
County of.....

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.

(Signature)	(Signature)	(Signature)
Richard L Pace	Patricia K Smith	Michael Larsen
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Vice President	CFO/Treasurer
(Title)	(Title)	(Title)
Subscribed and sworn to before me	a. Is this an original filing?	Yes [] No [X]
This _____ day of _____ 2019	b. If no	1. State the amendment number
		2. Date filed
		3. Number of pages attached