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## AMENDED FILING EXPLANATION

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

This amended filing reflects the accounting for mortgage servicing rights as carried at fair value and treated as a nonadmitted asset.



# 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  
(Current Period) (Prior Period)

NAIC Company Code..... 50164

Employer's ID Number..... 340083590

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)

3308671601

(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 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. Michael Larsen	CFO/Treasurer	4. James C Hunt	CEO

Name	Title
Sr. Mngmt Director	President
Vice Pres	CFO/Treasurer
Sr. Vice Pres	

Name	Title
Kara Harchuck	Vice President
Mustafa Haque	CEO
Tracy Dennis	

Name	Title
James Flynn	Exec Mgmt Dir, Sec, GC
David Miller	SVP, Asst GC, Asst Sec
Claudia Ivey	Vice Pres

### OTHER

Name	Title
James Flynn	Sr. Mngmt Director
David Miller	Vice Pres
Claudia Ivey	Sr. Vice Pres

Name	Title
Kara Harchuck	Exec Mgmt Dir, Sec, GC
Mustafa Haque	SVP, Asst GC, Asst Sec
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) Richard L Pace	(Signature) Patricia K Smith	(Signature) Michael Larsen
1. (Printed Name) President	2. (Printed Name) Vice President	3. (Printed Name) CFO/Treasurer
(Title)	(Title)	(Title)

(Signature) Patricia K Smith	(Signature) Michael Larsen
2. (Printed Name) Vice President	3. (Printed Name) CFO/Treasurer
(Title)	(Title)

(Signature) Michael Larsen	(Signature) CFO/Treasurer
3. (Printed Name) CFO/Treasurer	(Title)
(Title)	

Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_ 2019

a. Is this an original filing?  
b. If no  
1. State the amendment number  
2. Date filed  
3. Number of pages attached

Yes [ ] No [ X ]

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8/21/2019

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