



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 [X] No []
This _____ day of _____ 2019	b. If no	1. State the amendment number
		2. Date filed
		3. Number of pages attached

EXHIBIT OF PREMIUMS AND LOSSES



NAIC Group Code.....50164 NAIC Company Code.....50164

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10	11
Type of Business	Number of Policies Issued During the Year	Direct Amount of Insurance Written in Millions (\$000,000 Omitted)	Direct Premiums Written	Other Income on Policies Issued for the Type of Business	Amounts Paid to or Retained by Title Agents	Taxes Licenses and Fees Incurred	Direct Premiums Earned	Direct Losses Paid	Direct Allocated Loss Adjustment Expenses Paid	Direct Losses and Allocated Loss Adj. Expenses Incurred	Direct Known Claim Reserves
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 Sub-total policies issued directly.....	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.04 Residential policies issued by non-affiliated agents.....	6		7,290		5,472	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.....	6	0	7,290	0	5,472	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.....	0	0	0	0	0	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.....	6	0	7,290	0	5,472	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.....	0	0	0	0	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.....	0	0	0	0	0	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.....	0	0	0	0	0	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.....	0	0	0	0	0	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.....	0	0	0	0	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.....	0	0	0	0	0	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.....	0	0	0	0	0	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.....	0	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX
4. Experience for All Types of Rate Codes Combined											
4.01 Residential policies issued directly.....	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.02 Non-residential policies issued directly.....	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.03 Subtotal policies issued directly.....	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.04 Residential policies issued by non-affiliated agents.....	6	0	7,290	0	5,472	XXX	XXX	XXX	XXX	XXX	XXX
4.05 Non-residential policies issued by non-affiliated agents.....	0	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX
4.06 Subtotal policies issued by non-affiliated agents.....	6	0	7,290	0	5,472	XXX	XXX	XXX	XXX	XXX	XXX
4.07 Residential policies issued by affiliated agents.....	0	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX
4.08 Non-residential policies issued by affiliated agents.....	0	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX
4.09 Subtotal policies issued by affiliated agents.....	0	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX
4.10 All other.....	XXX	XXX	XXX	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.11 Total for all types of rate codes combined.....	6	0	7,290	0	5,472	XXX	0	0	0	0	0
5. Aggregate write-ins for Line 5.....	0	0	0	0	0	2,011	12,713	0	0	0	0
6. Total.....	6	0	7,290	0	5,472	2,011	12,713	0	0	0	0
DETAILS OF WRITE-INS											
0501. Other operations.....						2,011	12,713				
0502.											
0503.											
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0
0599. Total (Lines 0501 through 0503 plus 0598) (Line 5 above).....	0	0	0	0	0	2,011	12,713	0	0	0	0

EXHIBIT OF PREMIUMS AND LOSSES



NAIC Group Code.....50164 NAIC Company Code.....50164

BUSINESS IN THE STATE OF THE STATE OF OHIO DURING THE YEAR

Type of Business		1	2	3	4	5	6	7	8	9	10	11
		Number of Policies Issued During the Year	Direct Amount of Insurance Written in Millions (\$000,000 Omitted)	Direct Premiums Written	Other Income on Policies Issued for the Type of Business	Amounts Paid to or Retained by Title Agents	Taxes Licenses and Fees Incurred	Direct Premiums Earned	Direct Losses Paid	Direct Allocated Loss Adjustment Expenses Paid	Direct Losses and Allocated Loss Adj. Expenses Incurred	Direct Known Claim Reserves
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	Sub-total policies issued directly.....	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.04	Residential policies issued by non-affiliated agents.....	6		7,290		5,472	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.....	6	0	7,290	0	5,472	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.....	0	0	0	0	0	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.....	6	0	7,290	0	5,472	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.....	0	0	0	0	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.....	0	0	0	0	0	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.....	0	0	0	0	0	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.....	0	0	0	0	0	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.....	0	0	0	0	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.....	0	0	0	0	0	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.....	0	0	0	0	0	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.....	0	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX
4.	Experience for All Types of Rate Codes Combined											
4.01	Residential policies issued directly.....	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.02	Non-residential policies issued directly.....	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.03	Subtotal policies issued directly.....	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.04	Residential policies issued by non-affiliated agents.....	6	0	7,290	0	5,472	XXX	XXX	XXX	XXX	XXX	XXX
4.05	Non-residential policies issued by non-affiliated agents.....	0	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX
4.06	Subtotal policies issued by non-affiliated agents.....	6	0	7,290	0	5,472	XXX	XXX	XXX	XXX	XXX	XXX
4.07	Residential policies issued by affiliated agents.....	0	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX
4.08	Non-residential policies issued by affiliated agents.....	0	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX
4.09	Subtotal policies issued by affiliated agents.....	0	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX
4.10	All other.....	XXX	XXX	XXX	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4.11	Total for all types of rate codes combined.....	6	0	7,290	0	5,472	XXX	0	0	0	0	0
5.	Aggregate write-ins for Line 5.....	0	0	0	0	0	2,011	12,713	0	0	0	0
6.	Total.....	6	0	7,290	0	5,472	2,011	12,713	0	0	0	0
DETAILS OF WRITE-INS												
0501.	.....						2,011	12,713				
0502.	.....										
0503.	.....										
0598.	Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0
0599.	Total (Lines 0501 through 0503 plus 0598) (Line 5 above).....	0	0	0	0	0	2,011	12,713	0	0	0	0

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

NONE

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

NONE

SCHEDULE E - PART 1C - REINSURANCE RESERVE FUNDS

Showing all Banks, Trust Companies, Savings and Loan and Building and Loan Associations in which deposits of reinsurance reserve funds 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. Exclude balances represented by negotiable instruments.

1 Depository	2 Rate of Interest	3 Interest Received During Year	4 Interest Earned During Year	5 Balance
Totals: Last day of				
1. January.....				
2. February.....				
3. March.....				
4. April.....				
5. May.....				
6. June.....				
7. July.....				
8. August.....				
9. September.....				
10. October.....				
11. November.....				
12. December.....				

NONE

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 (Cols. 1 + 2)
1. Open depositories.....	.....	.....	.....0
2. Suspended depositories.....	.....	.....	.....0
3. Total segregated cash funds held for others (General Interrogatories-Part 2, Line 9.22).....	.....0	.....0	.....0
4. Other forms of security held for others (General Interrogatories-Part 2, Line 9.23).....	.....	.....	.....0
5. Total all segregated funds held for others (General Interrogatories-Part 2, Line 9.21).....	.....0	.....0	.....0

Company Funds on Hand and on Deposit

General Funds			
6. Open depositories.....	.....	.....	.....8,724,366
7. Suspended depositories.....	.....	.....	.....
8. Total general funds.....	.....	.....	.....8,724,366

Reinsurance Reserve Funds			
9. Open depositories.....	.....	.....	.....
10. Suspended depositories.....	.....	.....	.....
11. Total reinsurance reserve funds.....	.....	.....	.....0

Total Company Funds			
12. Open depositories.....	.....	.....	.....8,724,366
13. Suspended depositories.....	.....	.....	.....0
14. Total company funds held on deposit (Lines 8 and 11).....	.....	.....	.....8,724,366
15. Company funds on hand.....	.....	.....	.....
16. Total company funds on hand and on deposit.....	.....	.....	.....8,724,366

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.....	.....0	.....0	.....0

Company Funds on Deposit			
20. Open depositories.....	.....	.....	.....
21. Suspended depositories.....	.....	.....	.....
22. Total company funds on deposit.....	.....0	.....0	.....0

Total All Funds on Deposit			
23. Open depositories.....	.....0	.....0	.....0
24. Suspended depositories.....	.....0	.....0	.....0
25. Total all funds on deposit.....	.....0	.....0	.....0

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, of any of its affiliates?

Yes [☐]

No [☒]
- 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 [☒]
- 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 [☒]
- 2.2

b. If yes, give details below:
3.

Does the company maintain sufficient records of funds held as escrow or security deposits and reported in Exhibit of Capital Gains (Losses) and Schedule E-Part 1A that will enable it to identify the funds on an individual basis?

Yes [☐]

No [☒]

SCHEDULE F-PART 1

Assumed Reinsurance as of December 31, Current Year (\$000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13
ID Number	NAIC Company Code	Name of Reinsured	Domiciliary Jurisdiction	Reinsurance Assumed Liability	Assumed Premiums Received	Reinsurance Payable on Paid Losses and Loss Adjustment Expenses	Reinsurance Payable on Known Case Losses and LAE Reserves	Assumed Premiums Receivable	Funds held by or Deposited With Reinsured Companies	Letters of Credit Posted	Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	Amount of Assets Pledged or Collateral Held in Trust

NONE

SCHEDULE F - PART 2

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Ceded Liability	7 Ceded Reinsurance Premiums Paid	8 Reinsurance Recoverable on Paid Losses and Loss Adjustment Expenses	9 Reinsurance Recoverable on Known Case Losses and LAE Reserves	Reinsurance Payable		12 Net Amount Recoverable From Reinsurers (Cols. 8+9-10-11)	13 Funds Held By Company Under Reinsurance Treaties
									10 Ceded Balances Payable	11 Other Amounts Due to Reinsurers		

NONE

SCHEDULE F - PART 3

Provision for Unauthorized Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Recoverable all Items Schedule F	Funds Held By Company Under Reinsurance Treaties	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Ceded Balances Payable	Miscellaneous Balances Payable	Trust Funds and Other Allowed Offset Items	Total Collateral and Offsets Allowed (Cols. 6 + 7 + 9 + 10 + 11 but not in Excess of Col. 5)	Provision for Unauthorized Reinsurance (Col. 5 minus Col. 12)	Recoverable Paid Losses & LAE Expenses Over 90 Days Past Due not in Dispute	20% of Amount in Col. 14	20% of Amount in Dispute Included in in Col. 5	Provision for Overdue Reinsurance (Col. 15 plus Col. 16)	Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 13 plus Col. 17 but not in Excess of Col. 5)

1.
- Amounts in dispute totaling \$.....0 are included in Column 5.
2.
- Amounts in dispute totaling \$.....0 are excluded from Column 16.
3.
- Column 5 excludes \$.....0 recoverables on ceded IBNR on contracts in force prior to July 1, 1984 and not subsequently renewed.

NONE

SCHEDULE F - PART 4

Provision for Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)

1	2	3	4	5	6	7	8	9	Collateral						16	17	18	19
									10	11	12	13	14	15				
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Net Amount Recoverable from Reinsurers (Sch F Part 2 Col. 12)	Dollar Amount of Collateral Required (Col. 8 x Col. 7)	Multiple Beneficiary Trust	Funds Held by Company Under Reinsurance Treaties	Letters of Credit	Issuing or Confirming Bank Reference Number(a)	Other Allowable Collateral	Total Collateral Provided (Cols. 10 + 11 + 12 + 14)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements (Col. 15 / Col. 8)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 16 / Col. 7)	Amount of Credit Allowed for Net Recoverables (Col. 8 x Col. 17)	Provision for Reinsurance with Certified Reinsurers (Col. 8 - Col. 18, Not to Exceed Col. 8)

NONE

SCHEDULE H - PART 1

Showing all Title Plants Owned at December 31 of Current Year and Basis of Valuation

1 Permanent Identification Number	2 Form of Ownership	Title Plant Covering Period		5 Date Acquired	6 Actual Cost	7 Book Value	8 Book Value Valuation Basis (a)	9 Increase by Adjustment in Book Value	10 Decrease by Adjustment in Book Value
		3	4						
		From	To						

(a) If the basis is other than cost, provide explanation to reason for deviating from the cost basis:.....

NONE

SCHEDULE H - PART 2

Showing all Title Plants Acquired During the Year

1 Permanent Identification Number	2 Form of Ownership	Title Plant Covering Period		5 Date Acquired	6 How Acquired	7 Name of Seller	8 Acquisition/Construction Cost to Company During Year	9 Book Value at December 31 of Current Year	10 Percentage Ownership as of December 31	11 Title Plant Not 100% Owned (Does Company Participate in Maintenance Cost? Yes or No)
		3 From	4 To							

NONE

SCHEDULE H - PART 3

Showing all Title Plants Sold or Otherwise Disposed of During the Year

1 Permanent Identification Number	2 Form of Ownership	Title Plant Covering Period		5 Date Sold	6 Name of Purchaser	7 Cost to Company	8 Prior Year Book Value	Change in Book Value		11 Book Value at Date of Sale (8 + 9 - 10)	12 Consideration	13 Profit and (Losses) on Sale
		3 From	4 To					9 Increase by Adjustment in Book Value During Year	10 Decrease by Adjustment in Book Value During Year			

NONE

SCHEDULE H - VERIFICATION BETWEEN YEARS

1.	Book value, December 31, prior year.....		5.	Decrease by adjustment in book value:	
2.	Increase by adjustment in book value:		5.1	Totals, Part 1, Col. 10.....	
	2.1 Totals, Part 1, Col. 9.....		5.2	Totals, Part 3, Col. 10.....	
	2.2 Totals, Part 3, Col. 9.....		6.	Consideration received on sales, Part 3, Col. 12.....	
3.	Cost of acquisition, Part 2, Col. 8		7.	Net profit (loss) on sales, Part 3, Col. 13.....	
4.	Totals.....	0	8.	Book value, December 31, current year.....	0

NONE

THE BANKERS GUARANTEE TITLE & TRUST CO
SCHEDULE H - PART 4

Showing Total Title Assets Held Directly or by Subsidiaries

Type of Title Plant Ownership		1 Title Plant Value Current Year	2 Title Plant Value Prior Year
NONE			
		0	0

SCHEDULE P - PART 1A - POLICIES WRITTEN DIRECTLY

(\$000 omitted)

Years in Which Premiums Were Written	1 Amount of Insurance Written in Millions	Premiums Written and Other Income					Loss and Allocated Loss Adjustment Expense Payments					
		2 Direct Premium	3 Assumed Premium	4 Other Income	5 Ceded Premium	6 Net (Cols. 2+3+4-5)	Loss Payments			Allocated LAE Payments		
							7	8	9	10	11	12
							Direct	Assumed	Ceded	Direct	Assumed	Ceded
1. Prior...	.....XXX.....					.....0						
2. 2009...						.....0						
3. 2010...						.....0						
4. 2011...						.....0						
5. 2012...						.....0						
6. 2013...						.....0						
7. 2014...						.....0						
8. 2015...						.....0						
9. 2016...						.....0						
10. 2017...						.....0						
11. 2018...						.....0						
12. Totals.	.....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

	13 Salvage and Subrogation Received	14 Unallocated Loss Expense Payments	15 Total Net Loss and Expense Paid (Cols. 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	18	19	20	21	22	
					Direct	Assumed	Ceded	Direct	Assumed	Ceded	
1. Prior.....0	NONE							
2. 2009.....0								
3. 2010.....0								
4. 2011.....0								
5. 2012.....0								
6. 2013.....0								
7. 2014.....0								
8. 2015.....0								
9. 2016.....0								
10. 2017.....0								
11. 2018.....0								
12. Totals...000	0000000

NONE

	24 Total Net Loss and LAE Unpaid (Cols. 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 ([Cols. 29+14 +23]/Col. 1)	33 Discount for Time Value of Money	34 Net Reserves After Discount (Cols. 24-33)
			26 Direct (Cols. 7 + 10 + 17 + 20)	27 Assumed (Cols. 8 + 11 + 18 + 21)	28 Ceded (Cols. 9 + 12 + 19 + 22)	29 Net	30 Direct Basis ([Cols. 14+23+26]/ [Col. 2])	31 Net Basis ([Cols. 14 + 23 +29] /Col. 6-4)			
1. Prior...	.....0		.....0	.....0	.....0	.....0	.....0.0	.....0.0	.....XXX.....		.....0
2. 2009...	.....0		.....0	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0		.....0
3. 2010...	.....0		.....0	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0		.....0
4. 2011...	.....0		.....0	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0		.....0
5. 2012...	.....0		.....0	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0		.....0
6. 2013...	.....0		.....0	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0		.....0
7. 2014...	.....0		.....0	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0		.....0
8. 2015...	.....0		.....0	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0		.....0
9. 2016...	.....0		.....0	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0		.....0
10. 2017...	.....0		.....0	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0		.....0
11. 2018...	.....0		.....0	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0		.....0
12. Totals...	.....0	.....0	.....0	.....0	.....0	.....0	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0

SCHEDULE P - PART 1B - POLICIES WRITTEN THROUGH AGENTS

(\$000 omitted)

Years in Which Premiums Were Written	1 Amount of Insurance Written in Millions	Premiums Written and Other Income					Loss and Allocated Loss Adjustment Expense Payments					
		2 Direct Premium	3 Assumed Premium	4 Other Income	5 Ceded Premium	6 Net (Cols. 2+3+4-5)	Loss Payments			Allocated LAE Payments		
							7	8	9	10	11	12
							Direct	Assumed	Ceded	Direct	Assumed	Ceded
1. Prior...	....XXX.....	.....	.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....
2. 2009...0	.....	.....	.....	.....	.....	.....
3. 2010...0	.....	.....	.....	.....	.....	.....
4. 2011...62	.....	.....	.....	.....62	.....	.....	.....	.....	.....	.....
5. 2012...108	.....	.....	.....	.....108	.....	.....	.....	.....	.....	.....
6. 2013...157	.....	.....	.....	.....157	.....	.....	.....	.....	.....	.....
7. 2014...132	.....	.....	.....	.....132	.....	.....	.....	.....	.....	.....
8. 2015...76	.....	.....	.....	.....76	.....	.....	.....	.....	.....	.....
9. 2016...121	.....	.....	.....	.....121	.....	.....	.....	.....	.....	.....
10. 2017...4	.....	.....	.....	.....4	.....	.....	.....	.....	.....	.....
11. 2018...6	.....	.....	.....	.....6	.....	.....	.....	.....	.....	.....
12. Totals.	....XXX.....	.....666	.....0	.....0	.....0	.....666	.....0	.....0	.....0	.....0	.....0	.....0

	13 Salvage and Subrogation Received	14 Unallocated Loss Expense Payments	15 Total Net Loss and Expense Paid (Cols. 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	18	19	20	21	22	
					Direct	Assumed	Ceded	Direct	Assumed	Ceded	
1. Prior.....0	.....	.....	.....	.....	.....	.....	.....	.....
2. 2009.....0	.....	.....	.....	.....	.....	.....	.....	.....
3. 2010.....0	.....	.....	.....	.....	.....	.....	.....	.....
4. 2011.....0	.....	.....	.....	.....	.....	.....	.....	.....
5. 2012.....0	.....	.....	.....	.....	.....	.....	.....	.....
6. 2013.....0	.....	.....	.....	.....	.....	.....	.....	.....
7. 2014.....0	.....	.....	.....	.....	.....	.....	.....	.....
8. 2015.....0	.....	.....	.....	.....	.....	.....	.....	.....
9. 2016.....0	.....	.....	.....	.....	.....	.....	.....	.....
10. 2017.....0	.....	.....	.....	.....	.....	.....	.....	.....
11. 2018.....0	.....	.....	.....	.....	.....	.....	.....	.....
12. Totals...	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

	24 Total Net Loss and LAE Unpaid (Cols. 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 ([Cols. 29+14 +23]/Col. 1)	33 Discount for Time Value of Money	34 Net Reserves After Discount (Cols. 24-33)
			26 Direct (Cols. 7 + 10 + 17 + 20)	27 Assumed (Cols. 8 + 11 + 18 + 21)	28 Ceded (Cols. 9 + 12 + 19 + 22)	29 Net	30 Direct Basis ([Cols. 14+23+26]/ [Col. 2])	31 Net Basis ([Cols. 14 + 23 +29] /Col. 6-4)			
1. Prior.....	.....0	.....	.....0	.....0	.....0	.....0	.....0.0	.....0.0	....XXX.....	.....	.....0
2. 2009.....	.....0	.....	.....0	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....0
3. 2010.....	.....0	.....	.....0	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....0
4. 2011.....	.....0	.....	.....0	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....0
5. 2012.....	.....0	.....	.....0	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....0
6. 2013.....	.....0	.....	.....0	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....0
7. 2014.....	.....0	.....	.....0	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....0
8. 2015.....	.....0	.....	.....0	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....0
9. 2016.....	.....0	.....	.....0	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....0
10. 2017.....	.....0	.....	.....0	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....0
11. 2018.....	.....0	.....	.....0	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....0
12. Totals...	.....0	.....0	.....0	.....0	.....0	.....0	....XXX.....	....XXX.....	....XXX.....	.....0	.....0

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										Development	
	1	2	3	4	5	6	7	8	9	10	11	12
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	One Year (Cols. 10 - 9)	Two Year (Cols. 10 - 8)
1. Prior.....											.....0	.....0
2. 1999.....											.....0	.....0
3. 2000.....											.....0	.....0
4. 2001.....											.....0	.....0
5. 2002.....											.....0	.....0
6. 2003.....											.....0	.....0
7. 2004.....											.....0	.....0
8. 2005.....											.....0	.....0
9. 2006.....											.....0	.....0
10. 2007.....											.....0	.....0
11. 2008.....											.....0	.....0
12. 2009.....											.....0	.....0
13. 2010.....	XXX										.....0	.....0
14. 2011.....	XXX	XXX									.....0	.....0
15. 2012.....	XXX	XXX	XXX								.....0	.....0
16. 2013.....	XXX	XXX	XXX	XXX							.....0	.....0
17. 2014.....	XXX	XXX	XXX	XXX	XXX						.....0	.....0
18. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					.....0	.....0
19. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.....0	.....0
20. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.....0	XXX
21. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
22. Totals...	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....0	.....0

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
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018		
1. Prior.....												
2. 1999.....												
3. 2000.....												
4. 2001.....												
5. 2002.....												
6. 2003.....												
7. 2004.....												
8. 2005.....												
9. 2006.....												
10. 2007.....												
11. 2008.....												
12. 2009.....												
13. 2010.....	XXX											
14. 2011.....	XXX	XXX										
15. 2012.....	XXX	XXX	XXX									
16. 2013.....	XXX	XXX	XXX	XXX								
17. 2014.....	XXX	XXX	XXX	XXX	XXX							
18. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX						
19. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
20. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
21. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 2B - POLICY YEAR LOSS AND ALAE CASE BASIS RESERVES

Years in Which Policies Were Written	Case Basis Losses and Allocated Expense Reserves at Year End (\$000 omitted)									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior.....										
2. 1999.....										
3. 2000.....										
4. 2001.....										
5. 2002.....										
6. 2003.....										
7. 2004.....										
8. 2005.....										
9. 2006.....										
10. 2007.....										
11. 2008.....										
12. 2009.....										
13. 2010.....	XXX									
14. 2011.....	XXX	XXX								
15. 2012.....	XXX	XXX	XXX							
16. 2013.....	XXX	XXX	XXX	XXX						
17. 2014.....	XXX	XXX	XXX	XXX	XXX					
18. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX				
19. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
20. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
21. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 2C - POLICY YEAR BULK RESERVES ON KNOWN CLAIMS

Years in Which Policies Were Written	Bulk Reserves on Known Claims at Year End (\$000 omitted) Loss and Allocated Loss Expense									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior.....										
2. 1999.....										
3. 2000.....										
4. 2001.....										
5. 2002.....										
6. 2003.....										
7. 2004.....										
8. 2005.....										
9. 2006.....										
10. 2007.....										
11. 2008.....										
12. 2009.....										
13. 2010.....	XXX									
14. 2011.....	XXX	XXX								
15. 2012.....	XXX	XXX	XXX							
16. 2013.....	XXX	XXX	XXX	XXX						
17. 2014.....	XXX	XXX	XXX	XXX	XXX					
18. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX				
19. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
20. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
21. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 2D - POLICY YEAR IBNR RESERVES

Years in Which Policies Were Written	IBNR Reserves on Unreported Claims at Year End (\$000 omitted) Loss and Allocated Loss Expense									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior.....										
2. 1999.....										
3. 2000.....										
4. 2001.....										
5. 2002.....										
6. 2003.....										
7. 2004.....										
8. 2005.....										
9. 2006.....										
10. 2007.....										
11. 2008.....										
12. 2009.....										
13. 2010.....	XXX									
14. 2011.....	XXX	XXX								
15. 2012.....	XXX	XXX	XXX							
16. 2013.....	XXX	XXX	XXX	XXX						
17. 2014.....	XXX	XXX	XXX	XXX	XXX					
18. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX				
19. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
20. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
21. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

THE BANKERS GUARANTEE TITLE & TRUST CO
SCHEDULE P - PART 3 - INCURRED LOSS AND ALAE
BY YEAR OF FIRST REPORT

Years in Which Claims Were First Reported	Losses and Allocated Expenses at Year End (\$000 omitted) Incurred Loss and ALAE on Known Claims and Bulk Reserves on Known Claims										Development	
	1	2	3	4	5	6	7	8	9	10	11	12
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	One Year (Cols. 10 - 9)	Two Year (Cols. 10 - 8)
1. Prior.....											0	0
2. 2009.....											0	0
3. 2010.....	XXX										0	0
4. 2011.....	XXX	XXX									0	0
5. 2012.....	XXX	XXX	XXX								0	0
6. 2013.....	XXX	XXX	XXX	XXX							0	0
7. 2014.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals...	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0

SCHEDULE P - PART 3A - PAID LOSSES AND ALAE
BY YEAR OF FIRST REPORT

Years in Which Claims Were First Reported	Cumulative Paid Losses and Allocated Expenses at Year End (\$000 omitted)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018		
1. Prior.....												
2. 2009.....												
3. 2010.....	XXX											
4. 2011.....	XXX	XXX										
5. 2012.....	XXX	XXX	XXX									
6. 2013.....	XXX	XXX	XXX	XXX								
7. 2014.....	XXX	XXX	XXX	XXX	XXX							
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3B - LOSS AND ALAE CASE BASIS RESERVES
BY YEAR OF FIRST REPORT

Years in Which Claims Were First Reported	Case Basis Losses and Allocated Expense Reserve at Year End (\$000 omitted)									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior.....										
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XXX	XXX						
7. 2014.....	XXX	XXX	XXX	XXX	XXX					
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 3C - BULK RESERVES ON KNOWN CLAIMS
BY YEAR OF FIRST REPORT

Years in Which Claims Were First Reported	Bulk Reserves on Known Claims at Year End (\$000 omitted) Loss and Allocated Loss Expense									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior.....										
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XXX	XXX						
7. 2014.....	XXX	XXX	XXX	XXX	XXX					
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 5A - REPORT YEAR REPORTED CLAIM COUNTS

Years in Which Claims Were First Reported	Number of Claims Reported (Direct)									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....
2. 2009.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2010.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2011.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2012.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....
6. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
7. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....
8. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....
9. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....
10. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....
11. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....

SCHEDULE P - PART 5B - REPORT YEAR CLAIMS CLOSED WITH LOSS PAYMENT

Years in Which Claims Were First Reported	Number of Claims Closed With Loss Payment									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2009.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2010.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2011.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2012.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....
6. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
7. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....
8. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....
9. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....
10. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....
11. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....

SCHEDULE P - PART 5C - REPORT YEAR CLAIMS CLOSED WITHOUT PAYMENT

Years in Which Claims Were First Reported	Number of Claims Closed Without Loss Payment									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2009.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2010.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2011.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2012.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....
6. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
7. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....
8. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....
9. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....
10. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....
11. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....

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 [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
1.2	If not, describe the types of losses reported. n/a - no losses		
1.3	If the types or basis of reporting has changed over time, please explain the nature of such changes. n/a - no losses		
2.1	Are paid loss and allocated loss adjustment expenses reduced on account of salvage or subrogation in accordance with the instructions?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
2.2	If not, describe the basis of reporting. n/a no losses		
2.3	If the basis of reporting has changed over time, please explain the nature of such changes. n/a no loses		
3.1	Are sales of salvage at prices different from their book value recorded in accordance with the instructions?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
3.2	If not, describe the basis of reporting. n/a - no losses		
3.3	If the basis of reporting has changed over time, please explain the nature of such changes. n/a - no losses		
4.1	Are the case basis reserves reported gross of anticipated salvage and subrogation in accordance with the instructions?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
4.2	If not, please explain. n/a - no losses		
4.3	If the basis of reporting has changed over time, please explain the nature of such changes. n/a - no losses		
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 [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
5.2	If so, please explain. n/a - no losses		
6.1	Do the company IBNR reserves in Schedule P reconcile to the IBNR reserves prepared on a GAAP basis?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
6.2	If not, please explain. n/a - no losses		
7.1	Are allocated loss adjustment expenses recorded in accordance with the instructions?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
7.2	If not, please explain which items are not in conformity. n/a - no losses		
7.3	If the basis of reporting has changed over time, please explain the nature of such changes. n/a - no losses		
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 [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
8.2	If estimates were used prior to 1996, please explain the basis of such estimates. n/a - no losses		
9.	Indicate the basis of determining claim counts:		
9.1	Are policies having multiple claims shown in Schedule P as a single claim?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
9.2	Are claims closed without payment removed from the claim count?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
9.3	If the definition of claim count has changed over time, please explain the nature of such changes. n/a - no losses		
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 [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
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 [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
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 [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
12.2	If so, please explain.		
13.1	Were any estimates or allocations used to complete this data request?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
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 [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]

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

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)

NONE

THE BANKERS GUARANTEE TITLE & TRUST CO
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 being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	WAIVED
APRIL FILING		
3.	Will Management's Discussion and Analysis be filed by April 1?	YES
4.	Will the Supplemental Schedule of Business Written by Agency be filed with the state of domicile by April 1?	YES
5.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
JUNE FILING		
6.	Will an audited financial report be filed by June 1?	WAIVED
7.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
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?	NO








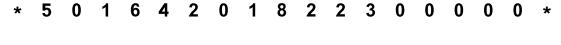
The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response 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 being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING		
9.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
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
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
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
AUGUST FILING		
13.	Will Management's Report of Internal Control over Financial Reporting be filed with state of domicile by August 1?	NO

EXPLANATIONS:

BAR CODE:

1.	
2.	 * 5 0 1 6 4 2 0 1 8 4 4 0 0 0 0 0 0 *
3.	
4.	
5.	
6.	 * 5 0 1 6 4 2 0 1 8 2 2 0 0 0 0 0 0 *
7.	
8.	The data for this supplement is not required to be filed.  * 5 0 1 6 4 2 0 1 8 2 2 2 0 0 0 0 0 *
9.	The data for this supplement is not required to be filed.  * 5 0 1 6 4 2 0 1 8 4 2 0 0 0 0 0 0 *
10.	The data for this supplement is not required to be filed.  * 5 0 1 6 4 2 0 1 8 2 2 4 0 0 0 0 0 *
11.	The data for this supplement is not required to be filed.  * 5 0 1 6 4 2 0 1 8 2 2 5 0 0 0 0 0 *
12.	The data for this supplement is not required to be filed.  * 5 0 1 6 4 2 0 1 8 2 2 6 0 0 0 0 0 *
13.	The data for this supplement is not required to be filed.  * 5 0 1 6 4 2 0 1 8 2 2 3 0 0 0 0 0 *

NONE

Overflow Page for Write-Ins

Additional Write-ins for Other Expenses

	Title and Escrow Operating Expenses				5	6	7	Totals	
	1	Agency Operations		4				8	9
		2	3						
	Direct Operations	Non-affiliated Agency Operations	Affiliated Agency Operations	Total (Cols. 1 + 2 + 3)	Unallocated Loss Adjustment Expenses	Other Operations	Investment Expenses	Current Year (Cols. 4 + 5 + 6 + 7)	Prior Year
2304. Interest.....				.....0		.....402,688		.....402,688	.....245,739
2397. Summary of remaining write-ins for Line 23.....00000402,6880402,688245,739

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