

**AMENDED FILING COVER SHEET**

Amended File Title	Amended Explanation
Jurat	Required for amended filing
Assets	The amending filing reflects a change in the retroactive reinsurance reserve, ceded paid claims receivable and presentation adjustments to reflect year end audit results.
Liabilities, Surplus and Other Funds	The amending filing reflects a change in the retroactive reinsurance reserve, ceded paid claims receivable and presentation adjustments to reflect year end audit results.
Operations and Investment - Statement of Income	The amending filing reflects a change in the retroactive reinsurance reserve, ceded paid claims receivable and presentation adjustments to reflect year end audit results.
Cash Flow	The amending filing reflects a change in the retroactive reinsurance reserve, ceded paid claims receivable and presentation adjustments to reflect year end audit results.
Notes to Financial Statements	The amending filing reflects a change in the retroactive reinsurance reserve, ceded paid claims receivable and presentation adjustments to reflect year end audit results.
Five-Year Historical Data (2 pgs)	The amending filing reflects a change in the retroactive reinsurance reserve, ceded paid claims receivable and presentation adjustments to reflect year end audit results.
Schedule F - Part 2	The amending filing reflects a change in the retroactive reinsurance reserve, ceded paid claims receivable and presentation adjustments to reflect year end audit results.



# ANNUAL STATEMENT

For the Year Ended December 31, 2018  
OF THE CONDITION AND AFFAIRS OF THE

## EnTitle Insurance Company

NAIC Group Code	0766	3483	NAIC Company Code	51632	Employer's ID Number		34-1252928
(Current Period)		(Prior Period)					
Organized under the Laws of		OH	, State of Domicile or Port of Entry		OH		
Country of Domicile		US					
Incorporated/Organized		April 7, 1978	Commenced Business		April 7, 1978		
Statutory Home Office		3 Summit Park Drive, Suite 525	(Street and Number)		Independence, OH, US 44131 (City or Town, State, Country and Zip Code)		
Main Administrative Office		3 Summit Park Drive, Suite 525	(Street and Number)		216-524-3400 (Area Code) (Telephone Number)		
		Independence, OH, US 44131	(City or Town, State, Country and Zip Code)		Independence, OH, US 44131 (City or Town, State, Country and Zip Code)		
Mail Address		3 Summit Park Drive, Suite 525	(Street and Number or P.O. Box)				
Primary Location of Books and Records		3 Summit Park Drive, Suite 525	(Street and Number)		Independence, OH, US 44131 (City or Town, State, Country and Zip Code) 216-524-3400 (Area Code) (Telephone Number)		
Internet Web Site Address		www.entitledirect.com					
Statutory Statement Contact		Ruby Gass	(Name)		216-524-3400 (Area Code)	(Telephone Number)	(Extension)
		rgass@entitledins.com	(E-Mail Address)		216-524-3488 (Fax Number)		

## OFFICERS

	Name	Title
1.	Timothy M. Reilly #	President
2.	Edward Hoffman #	Secretary
3.	J. Franklin Hall #	Executive VP/Chief Financial Officer

## VICE-PRESIDENTS

Name	Title	Name	Title
Lee H Baskey #	Senior Vice President		

## DIRECTORS OR TRUSTEES

Richard Thornberry #	J. Franklin Hall #	Derek Brummer #	Brien McMahon #
Edward Hoffman #	Zoe Devaney #	Eric Ray #	

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.

(Signature) Timothy M. Reilly (Printed Name) 1.	(Signature) Edward Hoffman (Printed Name) 2.	(Signature) J. Franklin Hall (Printed Name) 3.
President (Title)	Secretary (Title)	Executive VP/Chief Financial Officer (Title)

Subscribed and sworn to (or affirmed) before me this on this  
day of \_\_\_\_\_, 2019, by

a. Is this an original filing?  Yes  No  
 b. If no: 1. State the amendment number ..... 1 .....  
           2. Date filed ..... 08/02/2019 .....  
           3. Number of pages attached ..... 8 .....

## **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	11		
95-2566122 74-0924290	50814 50121	First American Title Insurance Company Stewart National Title Services	CALIFORNIA TEXAS									
0999999		Total Authorized - Other U.S. Unaffiliated Insurers										
AA-1126623 AA-1128623 980406884	1126623 1128623 10006	LLOYD'S SYNDICATE NUMBER 0623 LLOYD'S SYNDICATE NUMBER 2623 PARTNER REINSURANCE COMPANY LTD	ENGLAND ENGLAND BERMUDA				37 169					
1299999		Total Authorized - Other Non-U.S. Insurers#					206	111				111
1399999		Total Authorized - Total Authorized					206	111				111
9999999		Totals					206	111				111