

AMENDED FILING EXPLANATION

This amended filing is to provide the NAIC with Note 1 of the Notes to the Financial Statements.



QUARTERLY STATEMENT

As of March 31, 2019
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

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
Michael Wagnon #	Vice Pres.	Charles Duddy #	Vice Pres.
		Essey Norman #	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 _____	b. If no:	3
	1. State the amendment number	09/27/2019
	2. Date filed	1
	3. Number of pages attached	