

## AMENDED FILING EXPLANATION

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OBLIC needed to accrue for the dividend payable to the parent affiliate of \$415,000.00



# QUARTERLY STATEMENT

As of June 30, 2020

of the Condition and Affairs of the

## OHIO BAR LIAB INS CO

NAIC Group Code..... 0, 0 (Current Period) (Prior Period)	NAIC Company Code..... 37176	Employer's ID Number..... 31-0947214
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Incorporated/Organized..... December 5, 1978	Commenced Business..... September 1, 1979	
Statutory Home Office	1650 Lake Shore Drive .. Columbus .. OH .. US .. 43204 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	
Main Administrative Office	1650 Lake Shore Drive .. Columbus .. OH .. US .. 43204 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	614-488-7924 <i>(Area Code) (Telephone Number)</i>
Mail Address	PO Box 2708 .. Columbus .. OH .. US .. 43216-2708 <i>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</i>	
Primary Location of Books and Records	1650 Lake Shore Drive .. Columbus .. OH .. US .. 43204 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	614-488-7924 <i>(Area Code) (Telephone Number)</i>
Internet Web Site Address	www.oblic.com	
Statutory Statement Contact	Rodney K. McGough <i>(Name)</i> rmcgough@oblic.com <i>(E-Mail Address)</i>	614-488-7924 <i>(Area Code) (Telephone Number) (Extension)</i> 614-488-7936 <i>(Fax Number)</i>

### OFFICERS

Name	Title	Name	Title
1. Steven Craig Couch	President & CEO	2. Frederick Hunker	Secretary
3. Demetries Jo Neely	Treasurer	4.	

### OTHER

John Stephen Stith	Chair of the Board	Frederick Leonard Oremus	Vice Chair of the Board
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### DIRECTORS OR TRUSTEES

Mary Amos Augsburg	E. Ann Gabriel	Michael Edward Flowers	Andrean Renee Horton
Barbara Jean Howard	Ronald Sinclair Kopp	Mark Kenneth McCown	Demetries Jo Neely
Frederick Leonard Oremus	Nancy Michong Pyon	Denny L Ramey	Carmen Vincent Roberto
Heather Gay Sowald	John Stephen Stith	Robin Geoffrey Weaver	Linde Hurst Webb

State of..... Ohio  
County of..... Franklin

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) Steven Craig Couch 1. (Printed Name) President & CEO (Title)	_____ (Signature) Frederick Hunker 2. (Printed Name) Secretary (Title)	_____ (Signature) Demetries Jo Neely 3. (Printed Name) Treasurer (Title)
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Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_

a. Is this an original filing? Yes [ X ] No [ ]

b. If no: 1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_

## LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Losses (current accident year \$.....0).....	4,892,509	4,980,566
2. Reinsurance payable on paid losses and loss adjustment expenses.....		
3. Loss adjustment expenses.....	2,554,775	2,510,420
4. Commissions payable, contingent commissions and other similar charges.....		
5. Other expenses (excluding taxes, licenses and fees).....	83,737	67,391
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	3,232	39,801
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....	561,950	267,133
7.2 Net deferred tax liability.....	215,227	322,282
8. Borrowed money \$.....0 and interest thereon \$.....0.....		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$.....0 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act).....	3,651,566	3,260,621
10. Advance premium.....	114,770	241,659
11. Dividends declared and unpaid:		
11.1 Stockholders.....	415,000	
11.2 Policyholders.....		
12. Ceded reinsurance premiums payable (net of ceding commissions).....	165,652	
13. Funds held by company under reinsurance treaties.....		
14. Amounts withheld or retained by company for account of others.....	228,856	213,733
15. Remittances and items not allocated.....		
16. Provision for reinsurance (including \$.....0 certified).....		
17. Net adjustments in assets and liabilities due to foreign exchange rates.....		
18. Drafts outstanding.....		
19. Payable to parent, subsidiaries and affiliates.....		27,209
20. Derivatives.....		
21. Payable for securities.....	409,269	
22. Payable for securities lending.....		
23. Liability for amounts held under uninsured plans.....		
24. Capital notes \$.....0 and interest thereon \$.....0.....		
25. Aggregate write-ins for liabilities.....	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	13,296,543	11,930,815
27. Protected cell liabilities.....		
28. Total liabilities (Lines 26 and 27).....	13,296,543	11,930,815
29. Aggregate write-ins for special surplus funds.....	0	0
30. Common capital stock.....	1,000,000	1,000,000
31. Preferred capital stock.....		
32. Aggregate write-ins for other than special surplus funds.....	0	0
33. Surplus notes.....		
34. Gross paid in and contributed surplus.....	1,000,000	1,000,000
35. Unassigned funds (surplus).....	29,140,703	29,062,966
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 30 \$.....0).....		
36.2 .....0.000 shares preferred (value included in Line 31 \$.....0).....		
37. Surplus as regards policyholders (Lines 29 to 35, less 36).....	31,140,703	31,062,966
38. Totals (Page 2, Line 28, Col. 3).....	44,437,246	42,993,781

### DETAILS OF WRITE-INS

2501. ....		
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0
2901. ....		
2902. ....		
2903. ....		
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	0
3201. ....		
3202. ....		
3203. ....		
3298. Summary of remaining write-ins for Line 32 from overflow page.....	0	0
3299. Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above).....	0	0

## STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct..... (written \$.....6,047,146).....	5,338,441	5,014,829	10,120,858
1.2 Assumed..... (written \$.....0).....			
1.3 Ceded..... (written \$.....1,797,172).....	1,479,412	1,329,991	2,720,452
1.4 Net..... (written \$.....4,249,974).....	3,859,029	3,684,838	7,400,406
DEDUCTIONS:			
2. Losses incurred (current accident year \$.....0):			
2.1 Direct.....	772,484	799,003	1,142,294
2.2 Assumed.....			
2.3 Ceded.....	198,399	(343,474)	(411,364)
2.4 Net.....	574,085	1,142,477	1,553,658
3. Loss adjustment expenses incurred.....	1,151,659	1,459,207	2,811,967
4. Other underwriting expenses incurred.....	1,096,263	1,229,287	2,365,606
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	2,822,007	3,830,971	6,731,231
7. Net income of protected cells.....			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	1,037,022	(146,133)	669,175
<b>INVESTMENT INCOME</b>			
9. Net investment income earned.....	356,317	391,441	770,914
10. Net realized capital gains (losses) less capital gains tax of \$.....452.....	1,700	335	152
11. Net investment gain (loss) (Lines 9 + 10).....	358,017	391,776	771,066
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....	0		
13. Finance and service charges not included in premiums.....	18,020		49,006
14. Aggregate write-ins for miscellaneous income.....	0	0	0
15. Total other income (Lines 12 through 14).....	18,020	0	49,006
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	1,413,059	245,643	1,489,247
17. Dividends to policyholders.....			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17).....	1,413,059	245,643	1,489,247
19. Federal and foreign income taxes incurred.....	288,433	32,566	303,142
20. Net income (Line 18 minus Line 19) (to Line 22).....	1,124,626	213,077	1,186,105
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year.....	31,062,966	29,505,479	29,505,479
22. Net income (from Line 20).....	1,124,626	213,077	1,186,105
23. Net transfers (to) from Protected Cell accounts.....			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....(358,799).....	(678,177)	1,059,142	1,143,099
25. Change in net unrealized foreign exchange capital gain (loss).....			
26. Change in net deferred income tax.....	725	(225,275)	28,782
27. Change in nonadmitted assets.....	45,563	(132,787)	(66,899)
28. Change in provision for reinsurance.....			
29. Change in surplus notes.....			
30. Surplus (contributed to) withdrawn from protected cells.....			
31. Cumulative effect of changes in accounting principles.....			
32. Capital changes:			
32.1 Paid in.....			
32.2 Transferred from surplus (Stock Dividend).....			
32.3 Transferred to surplus.....			
33. Surplus adjustments:			
33.1 Paid in.....			
33.2 Transferred to capital (Stock Dividend).....			
33.3 Transferred from capital.....			
34. Net remittances from or (to) Home Office.....			
35. Dividends to stockholders.....	(415,000)		(733,600)
36. Change in treasury stock.....			
37. Aggregate write-ins for gains and losses in surplus.....	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37).....	77,737	914,157	1,557,487
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	31,140,703	30,419,636	31,062,966
<b>DETAILS OF WRITE-INS</b>			
0501. ....			
0502. ....			
0503. ....			
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	0	0	0
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	0	0	0
3701. ....			
3702. ....			
3703. ....			
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above).....	0	0	0

## NOTES TO FINANCIAL STATEMENTS

### Note 1 – Summary of Significant Accounting Policies and Going Concern

#### A. Accounting Practices

	SSAP #	F/S Page	F/S Line #	Current Year to Date	2019
<b>NET INCOME</b>					
(1) The Company state basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ 1,124,626	\$ 1,186,105
(2) State Prescribed Practice that are an increase/(decrease) from NAIC SAP				\$	\$
(3) State Permitted Practice that are an increase/(decrease) from NAIC SAP				\$	\$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 1,124,626	\$ 1,186,105
<b>SURPLUS</b>					
(5) The Company state basis (Page 3, line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 31,140,703	\$ 31,062,966
(6) State Prescribed Practice that are an increase/(decrease) from NAIC SAP				\$	\$
(7) State Permitted Practice that are an increase/(decrease) from NAIC SAP				\$	\$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 31,140,703	\$ 31,062,966

B. Use of Estimates in the Preparation of the Financial Statement - No significant changes.

C. Accounting Policy - No significant changes.

D. Going Concern - No significant changes.

### Note 2 – Accounting Changes and Corrections of Errors

No significant changes.

### Note 3 – Business Combinations and Goodwill

Not applicable.

### Note 4 – Discontinued Operations

Not applicable.

### Note 5 – Investments

A - D. Not applicable.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

(3) Collateral Received - Not applicable.

F - Q. Not applicable.

### Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

### Note 7 – Investment Income

No significant changes.

### Note 8 – Derivative Instruments

Not applicable.

### Note 9 – Income Taxes

No significant changes.

### Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No significant changes.

### Note 11 – Debt

A. Debt, Including Capital Notes: Not applicable.

B. FHLB (Federal Home Loan Bank) Agreements

OBLIC applied to become of member of the FHLB in June. As of June 30, 2020 no decision has been made regarding the OBLIC membership.

## NOTES TO FINANCIAL STATEMENTS

**Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

- A. Defined Benefit Plan - Not applicable.
- B-D. Not applicable.
- E. Defined Contribution Plans

The Company participates in a qualified defined contribution plan sponsored by the Company. The qualified plan covers all employees of the Company who have completed six months of service. Plan assets are invested with Ascensus Retirement. The investments selected are at the discretion of the employee. The Company funds pension costs at 10% of the employee's annual compensation. The Company's expense contributions were \$74,962 and \$136,200 for the years ended June 30, 2020 and December 31, 2019. The Company participates in a non-qualified deferred compensation plan for highly compensated employees. The assets associated with funding this obligation are held in a Rabbi Trust. The liability for the years ended June 30, 2020 and December 31, 2019 were \$216,593 and \$213,733.

- F-I. Not applicable.

**Note 13 – Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations**

Not applicable.

**Note 14 – Liabilities, Contingencies and Assessments**

Not applicable.

**Note 15 – Leases**

Not applicable.

**Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk**

Not applicable.

**Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

- A-B. Not applicable.
- C. Wash Sales

(1) Description of the Objectives Regarding These Transactions - Not applicable.

**Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Portion of Partially Insured Plans**

Not applicable.

**Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

No significant changes.

**Note 20 – Fair Value Measurements**

- A. Fair Value Measurements  
(1) Fair Value Measurements at Reporting Date

Description for Each Type of Asset or Liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
Assets at Fair Value					
Common Stocks, unaffiliated	\$ 6,471,158	\$	\$	\$	\$ 6,471,158
Total	\$ 6,471,158	\$	\$	\$	\$ 6,471,158
Liabilities at Fair Value					
Non-Qualified Deferred Comp	\$ 228,856	\$	\$	\$	\$ 228,856
Total	\$ 228,856	\$	\$	\$	\$ 228,856

(2 -5) Not applicable.

- B - E. Not applicable.

**Note 21 – Other Items**

No applicable.

**Note 22 – Events Subsequent**

Subsequent events have been considered through June 30, 2020 for these statutory financial statements which are to be issued on August 15, 2020. There were no events occurring subsequent to the end of the quarter that merited recognition or disclosure in these statements.

**Note 23 – Reinsurance**

No significant changes.

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## NOTES TO FINANCIAL STATEMENTS

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**Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination**

Not applicable.

**Note 25 – Change in Incurred Losses and Loss Adjustment Expenses**

A. Change in Incurred Losses and Loss Adjustment Expenses

We continue to see ebbs and flows throughout the legal professional liability lines of insurance. The provisions in the incurred losses and loss adjustment expenses are always challenging to estimate based upon the type of claim and jurisdiction. OBLIC continues to report favorable developments over the years in part due to our claims attorney years of experience. There have not been any additional reserves accrued for prior year-effects.

B. Information about Significant Changes in Methodologies and Assumptions

OBLIC continues to use the same methodology for reserving its claims or incidents when reported. There has not been any change in methodologies.

**Note 26 – Intercompany Pooling Arrangements**

Not applicable.

**Note 27 – Structured Settlements**

Not applicable.

**Note 28 – Health Care Receivables**

Not applicable.

**Note 29 – Participating Policies**

Not applicable.

**Note 30 – Premium Deficiency Reserves**

No significant changes.

**Note 31 – High Deductibles**

Not applicable.

**Note 32 – Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses**

Not applicable.

**Note 33 – Asbestos/Environmental Reserves**

Not applicable.

**Note 34 – Subscriber Savings Accounts**

Not applicable.

**Note 35 – Multiple Peril Crop Insurance**

Not applicable.

**Note 36 – Financial Guaranty Insurance**

Not applicable.