

AMENDED FILING COVER SHEET



51330202020100105

ANNUAL STATEMENT

For the Year Ended December 31, 2020
OF THE CONDITION AND AFFAIRS OF THE

Ohio Bar Title Insurance Company

NAIC Group Code	0070	0070	NAIC Company Code	51330	Employer's ID Number	31-0573692
	(Current Period)	(Prior Period)				
Organized under the Laws of	Ohio	State of Domicile or Port of Entry			OH	
Country of Domicile	USA					
Incorporated/Organized	July 27, 1953			Commenced Business	April 15, 1955	
Statutory Home Office	545 Metro Place South, Suite 475			Dublin, OH, US	43017	
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	1 First American Way			(Street and Number)		
	Santa Ana, CA, US			92707	714-250-3372	
	(City or Town, State, Country and Zip Code)			(Area Code)	(Telephone Number)	
Mail Address	1 First American Way			Santa Ana, CA, US	92707	
	(Street and Number or P.O. Box)			(City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	545 Metro Place South, Suite 475			Dublin, OH, US	43017	800-628-4853
	(Street and Number)			(City or Town, State, Country and Zip Code)	(Area Code)	(Telephone Number)
Internet Web Site Address	www.firstam.com					
Statutory Statement Contact	John P Megna			714-250-3372		
	(Name)			(Area Code)	(Telephone Number)	(Extension)
	jmegna@firstam.com			714-250-3215		
	(E-Mail Address)			(Fax Number)		

OFFICERS

	Name	Title
1.	S Francis Eichner	President
2.	Paul Anthony DePascale	Secretary
3.	Matthew Feivish Wajner #	Treasurer

VICE-PRESIDENTS

Name	Title	Name	Title
Gregory Scott Holtz	Vice President	James Vernon Boxdell II	Assistant Treasurer/Vice President
Phillip Jeffery Sholar	Senior Vice President	Dayna Sue Patrick	Vice President
John Paul Megna	Vice President	Josephine Krystyna Lubiejewski	Vice President
Matthew David Ballard	Vice President	Evan Michael Zanic	Senior Vice President
Matthew Feivish Wajner #	Treasurer/Vice President		

DIRECTORS OR TRUSTEES

Mark Edward Seaton	Dennis Joseph Gilmore	Greg Loren Smith #	Christopher Michael Leavell
Evan Michael Zanic			

State of California

County of Orange 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)	(Signature)	(Signature)
S Francis Eichner	Paul Anthony DePascale	Matthew Feivish Wajner
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to (or affirmed) before me this on this
day of , 2021, by

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

b. If no: 1. State the amendment number 1

2. Date filed 07/14/2021

3. Number of pages attached 2

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN
By States and Territories

States, Etc.		1	2	Direct Premiums Written		6	7	8	9	10	
		Active Status (a)	Premium Rate (b)	3	Agency Operations						
					4						5
				Direct Operations	Non-affiliated Agencies	Affiliated Agencies	Other Income	Net Premiums Earned	Direct Losses and Allocated Loss Adjustment Expenses Paid	Direct Losses and Allocated Loss Adjustment Expenses Incurred	Direct Known Claim Reserve
1. Alabama	AL	N									
2. Alaska	AK	N									
3. Arizona	AZ	N									
4. Arkansas	AR	N									
5. California	CA	N									
6. Colorado	CO	N									
7. Connecticut	CT	N									
8. Delaware	DE	N									
9. District of Columbia	DC	N									
10. Florida	FL	N									
11. Georgia	GA	N									
12. Hawaii	HI	N									
13. Idaho	ID	N									
14. Illinois	IL	N									
15. Indiana	IN	L									
16. Iowa	IA	N									
17. Kansas	KS	N									
18. Kentucky	KY	L									
19. Louisiana	LA	N									
20. Maine	ME	N									
21. Maryland	MD	N									
22. Massachusetts	MA	N									
23. Michigan	MI	N									
24. Minnesota	MN	N									
25. Mississippi	MS	N									
26. Missouri	MO	N									
27. Montana	MT	N									
28. Nebraska	NE	N									
29. Nevada	NV	N									
30. New Hampshire	NH	N									
31. New Jersey	NJ	N									
32. New Mexico	NM	N									
33. New York	NY	N									
34. North Carolina	NC	N									
35. North Dakota	ND	N									
36. Ohio	OH	L									
37. Oklahoma	OK	N									
38. Oregon	OR	N									
39. Pennsylvania	PA	L									
40. Rhode Island	RI	N									
41. South Carolina	SC	N									
42. South Dakota	SD	N									
43. Tennessee	TN	N									
44. Texas	TX	N									
45. Utah	UT	N									
46. Vermont	VT	N									
47. Virginia	VA	N									
48. Washington	WA	N									
49. West Virginia	WV	L									
50. Wisconsin	WI	N									
51. Wyoming	WY	N									
52. American Samoa	AS	N									
53. Guam	GU	N									
54. Puerto Rico	PR	N									
55. U.S. Virgin Islands	VI	N									
56. Northern Mariana Islands	MP	N									
57. Canada	CAN	N									
58. Aggregate Other Alien	OT	X X X	X X X								
59. Totals		X X X	X X X								

DETAILS OF WRITE-INS										
58001.	X X X									
58002.	X X X									
58003.	X X X									
58998. Summary of remaining write-ins for Line 58 from overflow page	X X X	X X X								
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X	X X X								

- (a) Active Status Counts

L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG 5

E – Eligible - Reporting entities eligible or approved to write surplus lines in

R - Registered - Non-domiciled RRGs

Q - Qualified - Qualified or accredited reinsurer

N – None of the above - Not allowed to write business in the state 52
- (b) Each type of rate must be coded with a combination of the five Activity Codes (R, S, X, C, and/or E) listed in the instructions. Use the code combination corresponding to the State's statutory definitions of title insurance premium. If more than one combination of activities is indicated in the statutory definition, all relevant combinations must be listed. See the Schedule T Instructions.