
AMENDED FILING EXPLANATION

Page 98 - Schedule Y Part 2 - Summary of Insurer's Transactions with Any Affiliates has been amended to report amounts in columns 8 and 9 (Management Agreements and Income Incurred under Reinsurance Agreements) which were previously reported incorrectly in columns 6 and 7.



ANNUAL STATEMENT

For the Year Ended December 31, 2017

of the Condition and Affairs of the

VERTI INSURANCE COMPANY

NAIC Group Code.....0411, 0411	NAIC Company Code..... 15736	Employer's ID Number..... 47-2744441
(Current Period) (Prior Period)		
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Incorporated/Organized..... January 8, 2015	Commenced Business..... January 8, 2015	
Statutory Home Office	3590 Twin Creeks Drive..... COLUMBUS OH US 43204	
	(Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	211 MAIN STREET..... WEBSTER MA US..... 01570-0758	508-943-9000
	(Street and Number) (City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)
Mail Address	211 MAIN STREET..... WEBSTER MA US 01570-0758	
	(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	211 MAIN STREET..... WEBSTER MA US 01570-0758	508-943-9000
	(Street and Number) (City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)
Internet Web Site Address	www.mapfreinsurance.com	
Statutory Statement Contact	CHRISTINE A CONRAD	508-943-9000-14376
	(Name)	(Area Code) (Telephone Number) (Extension)
	cconrad@mapfreusa.com	508-949-4246
	(E-Mail Address)	(Fax Number)

OFFICERS

Name	Title	Name	Title
1. ALFREDO CASTELO	PRESIDENT & CEO	2. DANIEL PATRICK OLOHAN	SECRETARY, GENERAL COUNSEL & EVP
3. ROBERT EDWARD MCKENNA	TREASURER, CAO & SVP	4. FRANCOIS JEAN FACON	EXECUTIVE VICE PRESIDENT & CFO

DIRECTORS OR TRUSTEES

ALFREDO CASTELO #	FRANCOIS JEAN FACON #	PATRICK JOSEPH MCDONALD #	MARCOS GUILLERMO MARCH
DANIEL PATRICK OLOHAN			

State of..... MASSACHUSETTS
County of..... WORCESTER

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)
ALFREDO CASTELO	DANIEL PATRICK OLOHAN	ROBERT EDWARD MCKENNA
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
PRESIDENT & CEO	SECRETARY, GENERAL COUNSEL & EVP	TREASURER, CAO & SVP
(Title)	(Title)	(Title)

Subscribed and sworn to before me

This _____ day of _____ 2018

a. Is this an original filing?

b. If no

1. State the amendment number

2. Date filed

3. Number of pages attached

Yes [] No [X]

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6/18/2018

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