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.

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

* 1 9 9 4 1 2 0 1 7 2 0 1 0 0 1 0 5 *

ANNUAL STATEMENT

For the Year Ended December 31, 2017

of the Condition and Affairs of the

American Commerce Insurance Company

NAIC Group Code.....0411, 0411 (Current Period) (Prior Period) NAIC Company Code..... 19941 Employer's ID Number..... 31-4361173

Organized under the Laws of OH State of Domicile or Port of Entry OH Country of Domicile US

Incorporated/Organized..... September 18, 1946 Commenced Business..... March 19, 1947

Statutory Home Office	3590 TWIN CREEKS DRIVE..... COLUMBUS ..... OH ..... US ..... 43218-2579 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Main Administrative Office	211 MAIN STREET..... WEBSTER ..... MA ..... US..... 01570-0758 *(Street and Number) (City or Town, State, Country and Zip Code)*	508-943-9000 *(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 *(Street and Number) (City or Town, State, Country and Zip Code)*	508-943-9000 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.mapfreinsurance.com	
Statutory Statement Contact	CHRISTINE A CONRAD *(Name)* cconrad@mapfreusa.com *(E-Mail Address)*	508-943-9000-14376 *(Area Code) (Telephone Number) (Extension)* 508-949-4246 *(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

RANDALL VAUGHN BECKER	ALFREDO CASTELO #	DAVID HILL COCHRANE	TIMOTHY JOHN MORGAN
KIRK RICHARD NELSON	DANIEL PATRICK OLOHAN	MARK HARRY SHAW	

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? Yes [ ] No [X]

b. If no
1. State the amendment number: 1
2. Date filed: 06/18/2018
3. Number of pages attached: 1