

## AMENDED FILING EXPLANATION

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# QUARTERLY STATEMENT

As of September 30, 2018  
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 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	
Main Administrative Office	211 MAIN STREET .. WEBSTER .. MA .. US .. 01570-0758 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	508-943-9000 <i>(Area Code) (Telephone Number)</i>
Mail Address	211 MAIN STREET .. WEBSTER .. MA .. US .. 01570-0758 <i>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</i>	
Primary Location of Books and Records	211 MAIN STREET .. WEBSTER .. MA .. US .. 01570-0758 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	508-943-9000 <i>(Area Code) (Telephone Number)</i>
Internet Web Site Address		
Statutory Statement Contact	CHRISTINE A CONRAD <i>(Name)</i> cconrad@mapfreusa.com <i>(E-Mail Address)</i>	508-943-9000-14376 <i>(Area Code) (Telephone Number) (Extension)</i> 508-949-4246 <i>(Fax Number)</i>

### OFFICERS

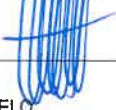


Name	Title	Name	Title
1. ALFREDO CASTELO	PRESIDENT	2. DANIEL PATRICK OLOHAN	SECRETARY, GENERAL COUNSEL & EVP
3. ROBERT EDWARD MCKENNA	TREASURER, CAO & SVP	4. MARCOS GUILLERMO MARCH #	CEO

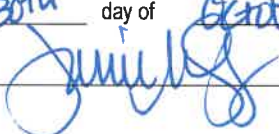
### DIRECTORS OR TRUSTEES

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	SECRETARY, GENERAL COUNSEL & EVP	TREASURER, CAO & SVP
(Title)	(Title)	(Title)

Subscribed and sworn to before me  
This 30th day of September, 2018  


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 \_\_\_\_\_

 JANICE McGLYNN  
NOTARY PUBLIC  
Commonwealth of Massachusetts  
My Commission Expires Jan. 11, 2019