
AMENDED FILING EXPLANATION

This page is required to be updated/completed any time an amended filing is created.

The Company evaluated the need to record a premium deficiency reserve as of the end of the current year. This evaluation was completed on June 25, 2019 and it was determined that the Company had a premium deficiency of \$117,000 for it's Private Passenger Auto and Personal Auto Physical Damage business. The Company anticipates investment income as a factor in the premium deficiency calculation.



ANNUAL STATEMENT
For the Year Ended December 31, 2018
of the Condition and Affairs of the
VERTI INSURANCE COMPANY

NAIC Group Code..... 0411, 0411
(Current Period) (Prior Period)

NAIC Company Code..... 15736

Employer's ID Number..... 47-2744441

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
(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	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)

ALFREDO CASTELO

1. (Printed Name)

PRESIDENT

(Title)

(Signature)

DANIEL PATRICK OLOHAN

2. (Printed Name)

SECRETARY, GENERAL COUNSEL & EVP

(Title)

(Signature)

ROBERT EDWARD MCKENNA

3. (Printed Name)

TREASURER, CAO & SVP

(Title)

Subscribed and sworn to before me
This 19th day of February 2019
Janice L. McGlynn
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
October 31, 2025

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