
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)

508-943-9000

(Area Code) (Telephone Number)

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

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)

(Area Code) (Telephone Number)

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

Internet Web Site Address

www.mapfreinsurance.com

(Area Code) (Telephone Number)

Statutory Statement Contact

CHRISTINE A CONRAD

508-943-9000-14376

(Name)

cconrad@mapfreusa.com
(E-Mail Address)

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
DANIEL PATRICK OLOHAN

FRANCOIS JEAN FACION

PATRICK JOSEPH MCDONALD

MARCOS GUILLERMO MARCH

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

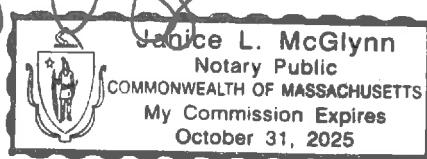
3. (Printed Name)
TREASURER, CAO & SVP
(Title)

Subscribed and sworn to before me
This 19th day of February 2019

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



SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	24,326,279		24,326,279
2. Premiums and considerations (Line 15).....	457,896		457,896
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....			0
4. Funds held by or deposited with reinsured companies (Line 16.2).....			0
5. Other assets.....	4,000,730		4,000,730
6. Net amount recoverable from reinsurers.....			0
7. Protected cell assets (Line 27).....			0
8. Totals (Line 28).....	28,784,905	0	28,784,905
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3).....	660,680		660,680
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	1,041,909		1,041,909
11. Unearned premiums (Line 9).....	630,373		630,373
12. Advance premiums (Line 10).....	2,532		2,532
13. Dividends declared and unpaid (Line 11.1 and 11.2).....			0
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12).....			0
15. Funds held by company under reinsurance treaties (Line 13).....			0
16. Amounts withheld or retained by company for account of others (Line 14).....			0
17. Provision for reinsurance (Line 16).....			0
18. Other liabilities.....	1,851,248		1,851,248
19. Total liabilities excluding protected cell business (Line 26).....	4,186,742	0	4,186,742
20. Protected cell liabilities (Line 27).....			0
21. Surplus as regards policyholders (Line 37).....	24,598,164	XXX	24,598,164
22. Totals (Line 38).....	28,784,905	0	28,784,905

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements?..Yes [] No [X]

If yes, give full explanation: