



QUARTERLY STATEMENT
As of March 31, 2021
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	211 MAIN STREET .. WEBSTER .. MA .. US .. 01570-0758 (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)	844-448-3784 (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)	844-448-3784 (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. JAIME TAMAYO #	PRESIDENT	2. DANIEL PATRICK OLOHAN	SECRETARY, GENERAL COUNSEL & EVP
3. SHERRI DAWN KRISTAL	TREASURER & AVP	4. JOSE LUIS BERNAL ZUNIGA	CEO

OTHER

JESUS AMADORI
CHIEF FINANCIAL OFFICER & EVP

DIRECTORS OR TRUSTEES

JAIME TAMAYO # PATRICK JOSEPH MCDONALD DANIEL PATRICK OLOHAN JOSE LUIS BERNAL ZUNIGA
JESUS AMADORI

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) JAIME TAMAYO 1. (Printed Name) PRESIDENT (Title)	 (Signature) DANIEL PATRICK OLOHAN 2. (Printed Name) SECRETARY, GENERAL COUNSEL & EVP (Title)	 (Signature) SHERRI DAWN KRISTAL 3. (Printed Name) TREASURER & AVP (Title)
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Subscribed and sworn to before me
This 11th day of May, 2021

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

YARIESSA GOMEZ
Notary Public
Commonwealth of Massachusetts
My Commission Expires
9-6-2024

