



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE
VERTI INSURANCE COMPANY

NAIC Group Code 0411 (Current) 0411 (Prior) NAIC Company Code 15736 Employer's ID Number 47-2744441

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH
Country of Domicile United States of America

Incorporated/Organized 01/08/2015 Commenced Business 01/08/2015

Statutory Home Office 4400 EASTON COMMONS WAY, SUITE 125 (Street and Number) COLUMBUS, OH, US 43219 (City or Town, State, Country and Zip Code)

Main Administrative Office 211 MAIN STREET (Street and Number) WEBSTER, MA, US 01570-0758 (City or Town, State, Country and Zip Code) 508-943-9000 (Area Code) (Telephone Number)

Mail Address 211 MAIN STREET (Street and Number or P.O. Box) WEBSTER, MA, US 01570-0758 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 211 MAIN STREET (Street and Number) WEBSTER, MA, US 01570-0758 (City or Town, State, Country and Zip Code) 508-943-9000 (Area Code) (Telephone Number)

Internet Website Address www.mapfreinsurance.com

Statutory Statement Contact CHRISTINE A CONRAD (Name) 508-943-9000-14376 (Area Code) (Telephone Number) cconrad@mapfreusa.com (E-mail Address) 508-949-4246 (FAX Number)

OFFICERS

TREASURER, CHIEF ACCOUNTING OFFICER & SVP JOHN MARTIN MECIAK JR.
PRESIDENT JAIME TAMAYO
SECRETARY, GENERAL COUNSEL & EVP MARK T. PASKO # CEO JOSE LUIS BERNAL ZUNIGA

OTHER

JESUS ALBERTO AMADORI CARRILLO, CHIEF FINANCIAL OFFICER & EVP

DIRECTORS OR TRUSTEES

JAIME TAMAYO JOSE LUIS BERNAL ZUNIGA
JESUS ALBERTO AMADORI CARRILLO ANDREA VIRGINIA ZEMAITIS #
DANIEL PATRICK OLOHAN

State of Massachusetts SS
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.

Signatures of JAIME TAMAYO (PRESIDENT), MARK T. PASKO # (SECRETARY, GENERAL COUNSEL & EVP), and JOHN MARTIN MECIAK JR. (TREASURER, CHIEF ACCOUNTING OFFICER & SVP)

Subscribed and sworn to before me this 3rd day of February 2026
Mary Ellen Graves

- a. Is this an original filing? Yes [ X ] No [ ]
b. If no,
1. State the amendment number ....
2. Dated filed .....
3. Number of pages attached .....

MARY ELLEN GRAVES
NOTARY PUBLIC
FEBRUARY 8, 2030



MARY ELLEN GRAVES
NOTARY PUBLIC
Commonwealth of Massachusetts
My Commission Expires
February 8, 2030



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	38,098,352		38,098,352	48,072,434
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	454,976		454,976	506,744
2.2 Common stocks .....	51,743		51,743	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ encumbrances) .....			0	0
5. Cash (\$ ..... 5,025,773 , Schedule E - Part 1), cash equivalents (\$ ..... , Schedule E - Part 2) and short-term investments (\$ ..... , Schedule DA) .....	5,025,773		5,025,773	5,088,012
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives (Schedule DB) .....			0	0
8. Other invested assets (Schedule BA) .....			0	0
9. Receivable for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	43,630,844	0	43,630,844	53,667,190
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	233,293		233,293	298,978
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....			0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon ....	287,836		287,836	461,925
18.2 Net deferred tax asset .....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	0
24. Health care (\$ ..... ) and other amounts receivable .....			0	0
25. Aggregate write-ins for other-than-invested assets .....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	44,151,973	0	44,151,973	54,428,093
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	44,151,973	0	44,151,973	54,428,093
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY  
**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8) .....	13,841	62,876
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6) .....	0	0
3. Loss adjustment expenses (Part 2A, Line 35, Column 9) .....	5,245	9,471
4. Commissions payable, contingent commissions and other similar charges .....		
5. Other expenses (excluding taxes, licenses and fees) .....		
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....		
7.1 Current federal and foreign income taxes (including \$ ..... (6,740) on realized capital gains (losses)) .....		
7.2 Net deferred tax liability .....	18,895	12,229
8. Borrowed money \$ ..... 20,000,000 and interest thereon \$ ..... 134,090 .....	20,134,090	28,101,688
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ .....0 and including warranty reserves of \$ ..... and accrued accident and health experience rating refunds including \$ .....0 for medical loss ratio rebate per the Public Health Service Act) .....		0
10. Advance premium .....		
11. Dividends declared and unpaid:		
11.1 Stockholders .....		
11.2 Policyholders .....		
12. Ceded reinsurance premiums payable (net of ceding commissions) .....	0	0
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20) .....	0	0
14. Amounts withheld or retained by company for account of others .....		
15. Remittances and items not allocated .....		
16. Provision for reinsurance (including \$ .....0 certified) (Schedule F, Part 3, Column 78) .....	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates .....		
18. Drafts outstanding .....		
19. Payable to parent, subsidiaries and affiliates .....	158,989	1,405,638
20. Derivatives .....	0	0
21. Payable for securities .....		
22. Payable for securities lending .....		
23. Liability for amounts held under uninsured plans .....		
24. Capital notes \$ ..... and interest thereon \$ .....		
25. Aggregate write-ins for liabilities .....	1,536	13,198
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....	20,332,596	29,605,100
27. Protected cell liabilities .....		
28. Total liabilities (Lines 26 and 27) .....	20,332,596	29,605,100
29. Aggregate write-ins for special surplus funds .....	0	0
30. Common capital stock .....	3,600,000	3,600,000
31. Preferred capital stock .....		
32. Aggregate write-ins for other-than-special surplus funds .....	0	0
33. Surplus notes .....	0	0
34. Gross paid in and contributed surplus .....	55,400,000	55,400,000
35. Unassigned funds (surplus) .....	(35,180,623)	(34,177,007)
36. Less treasury stock, at cost:		
36.1 ..... shares common (value included in Line 30 \$ ..... ) .....		
36.2 ..... shares preferred (value included in Line 31 \$ ..... ) .....		
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) .....	23,819,377	24,822,993
38. TOTALS (Page 2, Line 28, Col. 3)	44,151,973	54,428,093
<b>DETAILS OF WRITE-INS</b>		
2501. Funds Due - Unclaimed Property .....	1,536	13,198
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	1,536	13,198
2901. ....		
2902. ....		
2903. ....		
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0
3201. ....		
3202. ....		
3203. ....		
3298. Summary of remaining write-ins for Line 32 from overflow page .....	0	0
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY

**STATEMENT OF INCOME**

	1 Current Year	2 Prior Year
<b>UNDERWRITING INCOME</b>		
1. Premiums earned (Part 1, Line 35, Column 4).....		0
<b>DEDUCTIONS:</b>		
2. Losses incurred (Part 2, Line 35, Column 7) .....	(9,251)	(208,110)
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1) .....	41,287	83,468
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2) .....	395,155	527,775
5. Aggregate write-ins for underwriting deductions .....	0	0
6. Total underwriting deductions (Lines 2 through 5) .....	427,191	403,133
7. Net income of protected cells .....		
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7) .....	(427,191)	(403,133)
<b>INVESTMENT INCOME</b>		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....	(910,997)	(1,290,694)
10. Net realized capital gains (losses) less capital gains tax of \$ ..... (6,740) (Exhibit of Capital Gains (Losses) ) .....	6,740	90,813
11. Net investment gain (loss) (Lines 9 + 10) .....	(904,257)	(1,199,881)
<b>OTHER INCOME</b>		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ ..... amount charged off \$ ..... ) .....	0	0
13. Finance and service charges not included in premiums .....		
14. Aggregate write-ins for miscellaneous income .....	0	0
15. Total other income (Lines 12 through 14) .....	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15) .....	(1,331,448)	(1,603,014)
17. Dividends to policyholders .....		
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17) .....	(1,331,448)	(1,603,014)
19. Federal and foreign income taxes incurred .....	(282,754)	(359,648)
20. Net income (Line 18 minus Line 19)(to Line 22) .....	(1,048,694)	(1,243,366)
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2) .....	24,822,993	26,076,714
22. Net income (from Line 20) .....	(1,048,694)	(1,243,366)
23. Net transfers (to) from Protected Cell accounts .....		
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ ..... 10,867 .....	40,877	
25. Change in net unrealized foreign exchange capital gain (loss) .....		
26. Change in net deferred income tax .....	4,201	(12,229)
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3) .....		1,874
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) .....	0	0
29. Change in surplus notes .....		
30. Surplus (contributed to) withdrawn from protected cells .....		
31. Cumulative effect of changes in accounting principles .....		
32. Capital changes:		
32.1 Paid in .....		
32.2 Transferred from surplus (stock dividend) .....		
32.3 Transferred to surplus .....		
33. Surplus adjustments:		
33.1 Paid in .....	0	0
33.2 Transferred to capital (stock dividend) .....		
33.3 Transferred from capital .....		
34. Net remittances from or (to) Home Office .....		
35. Dividends to stockholders .....		
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1) .....	0	0
37. Aggregate write-ins for gains and losses in surplus .....	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37) .....	(1,003,616)	(1,253,721)
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	23,819,377	24,822,993
<b>DETAILS OF WRITE-INS</b>		
0501. ....		0
0502. ....		
0503. ....		
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)	0	0
1401. ....		0
1402. ....		
1403. ....		
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0
3701. ....		
3702. ....		
3703. ....		
3798. Summary of remaining write-ins for Line 37 from overflow page .....	0	0
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY

**CASH FLOW**

	1	2
	Current Year	Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	0	551
2. Net investment income .....	(582,357)	(933,040)
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	(582,357)	(932,489)
5. Benefit and loss related payments .....	39,784	84,596
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	440,668	625,188
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	(463,583)	(386,524)
10. Total (Lines 5 through 9) .....	16,869	323,260
11. Net cash from operations (Line 4 minus Line 10) .....	(599,226)	(1,255,749)
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	9,711,127	2,094,588
12.2 Stocks .....	51,768	63,256
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	9,762,895	2,157,844
13. Cost of investments acquired (long-term only exclude cash equivalents and short-term investments):		
13.1 Bonds .....	0	0
13.2 Stocks .....	0	570,000
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	570,000
14. Net increase/(decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	9,762,895	1,587,844
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0
16.3 Borrowed funds .....	(7,967,598)	(11,433,467)
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied) .....	(1,258,310)	1,338,371
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(9,225,908)	(10,095,096)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(62,239)	(9,763,001)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	5,088,012	14,851,013
19.2 End of period (Line 18 plus Line 19.1) .....	5,025,773	5,088,012

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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Underwriting and Investment Exhibit - Part 1 - Premiums Earned

**N O N E**

Underwriting and Investment Exhibit - Part 1A - Recapitulation of all Premiums

**N O N E**

Underwriting and Investment Exhibit - Part 1B - Premiums Written

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY

**UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2 - LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage				5 Net Losses Unpaid Current Year (Part 2A , Col. 8)	6 Net Losses Unpaid Prior Year	7 Losses Incurred Current Year (Cols. 4 + 5 - 6)	8 Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire .....	0	0	0	0	0	0	0	0.0
2.1 Allied lines .....	0	0	0	0	0	0	0	0.0
2.2 Multiple peril crop .....	0	0	0	0	0	0	0	0.0
2.3 Federal flood .....	0	0	0	0	0	0	0	0.0
2.4 Private crop .....	0	0	0	0	0	0	0	0.0
2.5 Private flood .....	0	0	0	0	0	0	0	0.0
3. Farmowners multiple peril .....	0	0	0	0	0	0	0	0.0
4. Homeowners multiple peril .....	0	0	0	0	0	0	0	0.0
5.1 Commercial multiple peril (non-liability portion) .....	0	0	0	0	0	0	0	0.0
5.2 Commercial multiple peril (liability portion) .....	0	0	0	0	0	0	0	0.0
6. Mortgage guaranty .....	0	0	0	0	0	0	0	0.0
8. Ocean marine .....	0	0	0	0	0	0	0	0.0
9.1 Inland marine .....	0	0	0	0	0	0	0	0.0
9.2 Pet insurance plans .....	0	0	0	0	0	0	0	0.0
10. Financial guaranty .....	0	0	0	0	0	0	0	0.0
11.1 Medical professional liability - occurrence .....	0	0	0	0	0	0	0	0.0
11.2 Medical professional liability - claims-made .....	0	0	0	0	0	0	0	0.0
12. Earthquake .....	0	0	0	0	0	0	0	0.0
13.1 Comprehensive (hospital and medical) individual .....	0	0	0	0	0	0	0	0.0
13.2 Comprehensive (hospital and medical) group .....	0	0	0	0	0	0	0	0.0
14. Credit accident and health (group and individual) .....	0	0	0	0	0	0	0	0.0
15.1 Vision only .....	0	0	0	0	0	0	0	0.0
15.2 Dental only .....	0	0	0	0	0	0	0	0.0
15.3 Disability income .....	0	0	0	0	0	0	0	0.0
15.4 Medicare supplement .....	0	0	0	0	0	0	0	0.0
15.5 Medicaid Title XIX .....	0	0	0	0	0	0	0	0.0
15.6 Medicare Title XVIII .....	0	0	0	0	0	0	0	0.0
15.7 Long-term care .....	0	0	0	0	0	0	0	0.0
15.8 Federal employees health benefits plan .....	0	0	0	0	0	0	0	0.0
15.9 Other health .....	0	0	0	0	0	0	0	0.0
16. Workers' compensation .....	0	0	0	0	0	0	0	0.0
17.1 Other liability - occurrence .....	0	0	0	0	0	0	0	0.0
17.2 Other liability - claims-made .....	0	0	0	0	0	0	0	0.0
17.3 Excess workers' compensation .....	0	0	0	0	0	0	0	0.0
18.1 Products liability - occurrence .....	0	0	0	0	0	0	0	0.0
18.2 Products liability - claims-made .....	0	0	0	0	0	0	0	0.0
19.1 Private passenger auto no-fault (personal injury protection) .....	11,708	0	0	11,708	(6,000)	(3,925)	9,633	0.0
19.2 Other private passenger auto liability .....	28,075	0	0	28,075	19,841	59,850	(11,934)	0.0
19.3 Commercial auto no-fault (personal injury protection) .....	0	0	0	0	0	0	0	0.0
19.4 Other commercial auto liability .....	0	0	0	0	0	0	0	0.0
21.1 Private passenger auto physical damage .....	0	0	0	0	0	6,951	(6,951)	0.0
21.2 Commercial auto physical damage .....	0	0	0	0	0	0	0	0.0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0.0
23. Fidelity .....	0	0	0	0	0	0	0	0.0
24. Surety .....	0	0	0	0	0	0	0	0.0
26. Burglary and theft .....	0	0	0	0	0	0	0	0.0
27. Boiler and machinery .....	0	0	0	0	0	0	0	0.0
28. Credit .....	0	0	0	0	0	0	0	0.0
29. International .....	0	0	0	0	0	0	0	0.0
30. Warranty .....	0	0	0	0	0	0	0	0.0
31. Reinsurance - nonproportional assumed property .....	XXX	0	0	0	0	0	0	0.0
32. Reinsurance - nonproportional assumed liability .....	XXX	0	0	0	0	0	0	0.0
33. Reinsurance - nonproportional assumed financial lines .....	XXX	0	0	0	0	0	0	0.0
34. Aggregate write-ins for other lines of business .....	0	0	0	0	0	0	0	0.0
35. TOTALS .....	39,784	0	0	39,784	13,841	62,876	(9,251)	0.0
<b>DETAILS OF WRITE-INS</b>								
3401. ....	0	0	0	0	0	0	0	0.0
3402. ....	0	0	0	0	0	0	0	0.0
3403. ....	0	0	0	0	0	0	0	0.0
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0.0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0.0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY

**UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8 Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	9 Net Unpaid Loss Adjustment Expenses
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire				0				0	
2.1 Allied lines				0				0	
2.2 Multiple peril crop				0				0	
2.3 Federal flood				0				0	
2.4 Private crop				0				0	
2.5 Private flood				0				0	
3. Farmowners multiple peril				0				0	
4. Homeowners multiple peril				0				0	
5.1 Commercial multiple peril (non-liability portion)				0				0	
5.2 Commercial multiple peril (liability portion)				0				0	
6. Mortgage guaranty				0				0	
8. Ocean marine				0				0	
9.1 Inland marine				0				0	
9.2 Pet insurance plans				0				0	
10. Financial guaranty				0				0	
11.1 Medical professional liability - occurrence				0				0	
11.2 Medical professional liability - claims-made				0				0	
12. Earthquake				0				0	
13.1 Comprehensive (hospital and medical) individual				0			(a)	0	
13.2 Comprehensive (hospital and medical) group				0			(a)	0	
14. Credit accident and health (group and individual)				0				0	
15.1 Vision only				0			(a)	0	
15.2 Dental only				0			(a)	0	
15.3 Disability income				0			(a)	0	
15.4 Medicare supplement				0			(a)	0	
15.5 Medicaid Title XIX				0			(a)	0	
15.6 Medicare Title XVIII				0			(a)	0	
15.7 Long-term care				0			(a)	0	
15.8 Federal employees health benefits plan				0			(a)	0	
15.9 Other health				0			(a)	0	
16. Workers' compensation				0				0	
17.1 Other liability - occurrence				0				0	
17.2 Other liability - claims-made				0				0	
17.3 Excess workers' compensation				0				0	
18.1 Products liability - occurrence				0				0	
18.2 Products liability - claims-made				0				0	
19.1 Private passenger auto no-fault (personal injury protection)	(6,000)			(6,000)				(6,000)	
19.2 Other private passenger auto liability	19,841			19,841				19,841	3,700
19.3 Commercial auto no-fault (personal injury protection)				0				0	
19.4 Other commercial auto liability				0				0	
21.1 Private passenger auto physical damage				0				0	1,545
21.2 Commercial auto physical damage				0				0	
22. Aircraft (all perils)				0				0	
23. Fidelity				0				0	
24. Surety				0				0	
26. Burglary and theft				0				0	
27. Boiler and machinery				0				0	
28. Credit				0				0	
29. International				0				0	
30. Warranty				0				0	
31. Reinsurance - nonproportional assumed property	XXX			0	XXX			0	
32. Reinsurance - nonproportional assumed liability	XXX			0	XXX			0	
33. Reinsurance - nonproportional assumed financial lines	XXX			0	XXX			0	
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0
35. TOTALS	13,841	0	0	13,841	0	0	0	13,841	5,245
<b>DETAILS OF WRITE-INS</b>									
3401.									
3402.									
3403.									
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0

(a) Including \$ for present value of life indemnity claims reported in Lines 13 and 15.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY  
**UNDERWRITING AND INVESTMENT EXHIBIT**

PART 3 - EXPENSES

	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1. Claim adjustment services:				
1.1 Direct .....	(2,474)			(2,474)
1.2 Reinsurance assumed .....				0
1.3 Reinsurance ceded .....				0
1.4 Net claim adjustment service (1.1 + 1.2 - 1.3) .....	(2,474)	0	0	(2,474)
2. Commission and brokerage:				
2.1 Direct excluding contingent .....				0
2.2 Reinsurance assumed, excluding contingent .....				0
2.3 Reinsurance ceded, excluding contingent .....				0
2.4 Contingent - direct .....				0
2.5 Contingent - reinsurance assumed .....				0
2.6 Contingent - reinsurance ceded .....				0
2.7 Policy and membership fees .....				0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7) ..	0	0	0	0
3. Allowances to managers and agents .....				0
4. Advertising .....				0
5. Boards, bureaus and associations .....		20		20
6. Surveys and underwriting reports .....				0
7. Audit of assureds' records .....				0
8. Salary and related items:				
8.1 Salaries .....				0
8.2 Payroll taxes .....				0
9. Employee relations and welfare .....				0
10. Insurance .....				0
11. Directors' fees .....				0
12. Travel and travel items .....				0
13. Rent and rent items .....	42,434	381,909		424,343
14. Equipment .....				0
15. Cost or depreciation of EDP equipment and software .....				0
16. Printing and stationery .....	87	785		872
17. Postage, telephone and telegraph, exchange and express .....				0
18. Legal and auditing .....				0
19. Totals (Lines 3 to 18) .....	42,521	382,714	0	425,235
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$ .....		250		250
20.2 Insurance department licenses and fees .....	142	2,299		2,441
20.3 Gross guaranty association assessments .....				0
20.4 All other (excluding federal and foreign income and real estate) .....				0
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4) .....	142	2,549	0	2,691
21. Real estate expenses .....				0
22. Real estate taxes .....				0
23. Reimbursements by uninsured plans .....				0
24. Aggregate write-ins for miscellaneous expenses .....	1,098	9,892	2,038,093	2,049,083
25. Total expenses incurred .....	41,287	395,155	2,038,093	(a) 2,474,535
26. Less unpaid expenses - current year .....	5,245			5,245
27. Add unpaid expenses - prior year .....	9,471			9,471
28. Amounts receivable relating to uninsured plans, prior year .....				0
29. Amounts receivable relating to uninsured plans, current year .....				0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	45,513	395,155	2,038,093	2,478,761
<b>DETAILS OF WRITE-INS</b>				
2401. COMPUTER SERVICES .....	619	5,570		6,189
2402. OTHER LICENSES AND FEES .....	479	4,322	5,355	10,156
2403. INTEREST EXPENSE ON LINE OF CREDIT .....			2,032,738	2,032,738
2498. Summary of remaining write-ins for Line 24 from overflow page .....	0	0	0	0
2499. Totals (Lines 2401 through 2403 plus 2498)(Line 24 above)	1,098	9,892	2,038,093	2,049,083

(a) Includes management fees of \$ ..... to affiliates and \$ ..... to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY

**EXHIBIT OF NET INVESTMENT INCOME**

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds .....	(a) ..... 21,485	..... 13,820
1.1	Bonds exempt from U.S. tax .....	(a) ..... 80,468	..... 80,468
1.2	Other bonds (unaffiliated) .....	(a) ..... 713,390	..... 655,371
1.3	Bonds of affiliates .....	(a) .....	.....
2.1	Preferred stocks (unaffiliated) .....	(b) ..... 2,163	..... 2,163
2.11	Preferred stocks of affiliates .....	(b) .....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....
3.	Mortgage loans .....	(c) .....	.....
4.	Real estate .....	(d) .....	.....
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments .....	(e) ..... 375,274	..... 375,274
7.	Derivative instruments .....	(f) .....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	..... 0	..... 0
10.	Total gross investment income .....	1,192,780	1,127,096
11.	Investment expenses .....	.....	(g) ..... 2,038,093
12.	Investment taxes, licenses and fees, excluding federal income taxes .....	.....	(g) ..... 0
13.	Interest expense .....	.....	(h) .....
14.	Depreciation on real estate and other invested assets .....	.....	(i) .....
15.	Aggregate write-ins for deductions from investment income .....	.....	..... 0
16.	Total deductions (Lines 11 through 15) .....	.....	..... 2,038,093
17.	Net investment income (Line 10 minus Line 16) .....	.....	(910,997)
<b>DETAILS OF WRITE-INS</b>			
0901.	.....	.....	.....
0902.	.....	.....	.....
0903.	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	..... 0	..... 0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) .....	0	0
1501.	.....	.....	.....
1502.	.....	.....	.....
1503.	.....	.....	.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....	.....	..... 0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15, above) .....	.....	0

- (a) Includes \$ ..... 7,491 accrual of discount less \$ ..... 270,446 amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (b) Includes \$ ..... 0 accrual of discount less \$ ..... 0 amortization of premium and less \$ ..... paid for accrued dividends on purchases.
- (c) Includes \$ ..... 0 accrual of discount less \$ ..... 0 amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.
- (e) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.
- (g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.
- (i) Includes \$ ..... 0 depreciation on real estate and \$ ..... depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....	0	0	0	0	0
1.1	Bonds exempt from U.S. tax .....	0	0	0	0	0
1.2	Other bonds (unaffiliated) .....	0	0	0	0	0
1.3	Bonds of affiliates .....	0	0	0	0	0
2.1	Preferred stocks (unaffiliated) .....	0	0	0	0	0
2.11	Preferred stocks of affiliates .....	0	0	0	0	0
2.2	Common stocks (unaffiliated) .....	0	0	0	51,743	0
2.21	Common stocks of affiliates .....	0	0	0	0	0
3.	Mortgage loans .....	0	0	0	0	0
4.	Real estate .....	0	0	0	0	0
5.	Contract loans .....	0	0	0	0	0
6.	Cash, cash equivalents and short-term investments .....	0	0	0	0	0
7.	Derivative instruments .....	0	0	0	0	0
8.	Other invested assets .....	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses) .....	0	0	0	0	0
10.	Total capital gains (losses) .....	0	0	0	51,743	0
<b>DETAILS OF WRITE-INS</b>						
0901.	.....	.....	.....	.....	.....	.....
0902.	.....	.....	.....	.....	.....	.....
0903.	.....	.....	.....	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) .....	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY

**EXHIBIT OF NON-ADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			
2.2 Common stocks .....			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			
3.2 Other than first liens.....			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			
4.2 Properties held for the production of income.....			
4.3 Properties held for sale .....			
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....			
6. Contract loans .....			
7. Derivatives (Schedule DB) .....			
8. Other invested assets (Schedule BA) .....			
9. Receivables for securities .....			
10. Securities lending reinvested collateral assets (Schedule DL) .....			
11. Aggregate write-ins for invested assets .....			
12. Subtotals, cash and invested assets (Lines 1 to 11) .....			
13. Title plants (for Title insurers only) .....			
14. Investment income due and accrued .....			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....			
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....			
15.3 Accrued retrospective premiums and contracts subject to redetermination .....			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....			
16.2 Funds held by or deposited with reinsured companies .....			
16.3 Other amounts receivable under reinsurance contracts .....			
17. Amounts receivable relating to uninsured plans .....			
18.1 Current federal and foreign income tax recoverable and interest thereon .....			
18.2 Net deferred tax asset .....			
19. Guaranty funds receivable or on deposit .....			
20. Electronic data processing equipment and software .....			
21. Furniture and equipment, including health care delivery assets .....			
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			
23. Receivables from parent, subsidiaries and affiliates .....			
24. Health care and other amounts receivable .....			
25. Aggregate write-ins for other-than-invested assets .....			
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....			
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
28. Total (Lines 26 and 27)			
<b>DETAILS OF WRITE-INS</b>			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....			
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)			
2501. ....			
2502. ....			
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....			
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)			

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY  
**NOTES TO FINANCIAL STATEMENTS**

**NOTE 1 Summary of Significant Accounting Policies and Going Concern**

**A. Accounting Practices**

The accompanying financial statements of Verti Insurance Company (the Company) (formerly Cube Insurance Company) have been prepared in conformity with the accounting practices prescribed or permitted by the National Association of Insurance Commissioners (NAIC) and the State of Ohio. The NAIC Accounting Practices and Procedures Manual has been adopted as a component of prescribed or permitted practices by the State of Ohio.

There are no differences between Ohio prescribed practices and NAIC statutory accounting practices as noted below:

	SSAP #	F/S Page	F/S Line #	2025	2024
<b>NET INCOME</b>					
(1) State basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ (1,048,694)	\$ (1,243,366)
(2) State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ (1,048,694)	\$ (1,243,366)
<b>SURPLUS</b>					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 23,819,377	\$ 24,822,993
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 23,819,377	\$ 24,822,993

**B. Use of Estimates in the Preparation of the Financial Statements**

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires a disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY  
**NOTES TO FINANCIAL STATEMENTS**

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C. Accounting Policy

Premiums are recognized as income ratably over the terms of the related insurance policies. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business.

Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

Net investment income earned consists primarily of interest and dividends less investment related expenses. Interest is recognized on an accrual basis and dividends are recognized on an ex-dividend basis. Net realized capital gains (losses) are recognized on a first in first out basis when securities are sold, redeemed or otherwise disposed. Realized capital losses include write downs for impairments considered to be Other-Than-Temporary.

In addition, the Company adheres to the following accounting policies:

(1) Basis for Short-Term Investments

The Company does not hold Short-Term Investments.

(2) Basis for Bonds and Amortization Schedule

Bonds, excluding Asset-Backed Securities, are accounted for in accordance with SSAP No. 26. Amortized cost is calculated using the scientific interest method. Bonds containing call provisions are amortized to either the call or maturity value and date, whichever produces the lowest asset value (yield to worst). Investment grade bonds are stated at amortized cost. Non-investment grade bonds are stated at the lower of amortized cost or fair value. Bonds whose decline has been determined to be Other-Than-Temporary are written down to a new cost basis and the write-down amount is accounted for as a realized loss.

(3) Basis for Common Stocks

Common stocks of unaffiliated entities are stated at fair value and accounted for in accordance with SSAP No. 30.

(4) Basis for Preferred Stocks

Preferred stocks of unaffiliated entities are accounted for in accordance with SSAP No. 32. Investment grade redeemable preferred stocks are stated at amortized cost. Investment grade perpetual preferred stocks are stated at fair value. Non-investment grade preferred stocks are stated at the lower of amortized cost or fair value. Preferred stocks whose decline has been determined to be Other-Than-Temporary are written down to a new cost basis and the write-down amount is accounted for as a realized loss.

(5) Basis for Mortgage Loans

The Company does not hold Mortgage Loans.

(6) Basis for Asset-Backed Securities and Adjustment Methodology

Asset-Backed Securities are accounted for in accordance with SSAP No. 43. Amortized cost is calculated retrospectively using the scientific interest method. U.S. government agency Asset-Backed Securities are valued at amortized value. Other Asset-Backed Securities are valued at either amortized value or fair value, depending on many factors including: the type of underlying collateral, whether modeled by a NAIC vendor, whether rated (by either a NAIC approved rating organization or the NAIC Securities Valuation Office), and the relationship of amortized value to par value and amortized value to fair value. Bonds whose decline has been determined to be Other-Than-Temporary are written down to a new cost basis and the write down amount is accounted for as a realized loss.

(7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities

The Company does not hold investments in Subsidiaries, Controlled and Affiliated Entities.

(8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities

The Company does not hold investments in Joint Ventures, Partnerships or Limited Liability Entities.

(9) Accounting Policies for Derivatives

The Company does not hold Derivatives.

(10) Anticipated Investment Income Used in Premium Deficiency Calculation.

The Company anticipates investment income as a factor in premium deficiency calculation, in accordance with SSAP No.5 53, Property-Casualty Contracts\_Premiums.

(11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses.

Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessary based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.

(12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period

The Company has a written capitalization policy for purchase of items such as electronic data processing equipment, software, furniture, vehicles, other equipment and leasehold improvements. The predefined capitalization thresholds under the policy is \$5,000.

(13) Method Used to Estimate Pharmaceutical Rebate Receivables

The Company does not have Pharmaceutical Rebate Receivables.

D. Going Concern

Based on its evaluation of relevant conditions and events, management does not have substantial doubt about the Company's ability to continue as a going concern.

**NOTE 2 Accounting Changes and Corrections of Errors**

Not applicable

**NOTE 3 Business Combinations and Goodwill**

Not applicable

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY  
**NOTES TO FINANCIAL STATEMENTS**

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**NOTE 4 Discontinued Operations**

Not applicable

**NOTE 5 Investments**

A. Mortgage Loans, including Mezzanine Real Estate Loans

None

B. Debt Restructuring

None

C. Reverse Mortgages

None

D. Asset-Backed Securities

(1) Prepay assumptions for Asset-Backed Securities were obtained from broker dealer survey values, internal estimates, or Bloomberg.

(2) The Company did not recognize Other-Than-Temporary Impairments on Asset-Backed Securities during the reporting period.

(3) The Company did not recognize Other-Than-Temporary Impairments on Asset-Backed Securities during the reporting period.

(4) Asset-Backed Securities in an unrealized loss position as of the reporting period.

a) The aggregate amount of unrealized losses:

1. Less than 12 Months	\$	-
2. 12 Months or Longer	\$	889,259

b) The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	\$	-
2. 12 Months or Longer	\$	3,833,274

(5) All Asset-Backed Securities in an unrealized loss position were reviewed to determine whether Other-Than-Temporary impairments should be recognized. The Company asserts that it has the intent and ability to hold these long enough to allow the cost basis of these securities to be recovered. These conclusions are supported by analysis of the underlying credit and cash flows of each security. Unrealized losses are primarily attributable to general changes in interest rates, credit spreads widening, and increased liquidity discounts. It is possible that the Company could recognize Other-Than-Temporary impairments in the future on some of the securities, if future events, information and the passage of time cause it to conclude that declines in the value are Other-Than-Temporary.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

None

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

None

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

None

H. Repurchase Agreements Transactions Accounted for as a Sale

None

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

None

J. Real Estate

None

K. Investments in Tax Credit Structures (tax credit investments)

None

L. Restricted Assets

1. Restricted Assets (Including Pledged)

None

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories)

None

3. Detail of Other Restricted Assets

None

4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

None

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY  
**NOTES TO FINANCIAL STATEMENTS**

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5. Disclose whether any of the assets held as collateral or under modified coinsurance (Modco) or funds withheld reinsurance (FWH) agreements have been pledged for another purpose specific to the insurance reporting entity (not for the benefit of the reinsurer). For example, if the insurance reporting entity has used these assets as the collateral in a securities lending agreement, a repo transaction, pledged as collateral to the FHLB, etc. (For Modco/FWH assets, items pledged on behalf of the reinsurer shall not be captured.)

None

- M. Working Capital Finance Investments

None

- N. Offsetting and Netting of Assets and Liabilities

None

- O. 5GI Securities

None

- P. Short Sales

None

- Q. Prepayment Penalty and Acceleration Fees

The Company had no bonds called during the year.

- R. Reporting Entity's Share of Cash Pool by Asset Type

None

- S. Aggregate Collateral Loans by Qualifying Investment Collateral

None

**NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies**

- A. Investments in Joint Ventures, Partnerships and Limited Liability Companies that Exceed 10% of admitted assets.

The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies.

- B. Investments in Impaired Joint Ventures, Partnerships and Limited Liability Companies.

Not applicable

**NOTE 7 Investment Income**

- A. The bases, by category of investment income, for excluding (nonadmitting) any investment income due and accrued:

Investment income due and accrued with amounts over 90 days past due are non-admitted assets and excluded from surplus.

- B. The total amount excluded:

None

- C. The gross, nonadmitted and admitted amounts for interest income due and accrued.

Interest Income Due and Accrued	Amount
1. Gross	\$ 233,293
2. Nonadmitted	\$ -
3. Admitted	\$ 233,293

- D. The aggregate deferred interest.

None

- E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance.

None

**NOTE 8 Derivative Instruments**

Not applicable

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY  
**NOTES TO FINANCIAL STATEMENTS**

**NOTE 9 Income Taxes**

A. The components of the net deferred tax asset/(liability) at the end of current period are as follows:

1.

	As of End of Current Period			12/31/2024			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a) Gross Deferred Tax Assets	\$ 484		\$ 484	\$ 2,266		\$ 2,266	\$ (1,782)	\$ -	\$ (1,782)
(b) Statutory Valuation Allowance Adjustment			\$ -			\$ -	\$ -	\$ -	\$ -
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 484	\$ -	\$ 484	\$ 2,266	\$ -	\$ 2,266	\$ (1,782)	\$ -	\$ (1,782)
(d) Deferred Tax Assets Nonadmitted			\$ -			\$ -	\$ -	\$ -	\$ -
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 484	\$ -	\$ 484	\$ 2,266	\$ -	\$ 2,266	\$ (1,782)	\$ -	\$ (1,782)
(f) Deferred Tax Liabilities	\$ 6,647	\$ 12,732	\$ 19,379	\$ 9,909	\$ 4,586	\$ 14,495	\$ (3,262)	\$ 8,146	\$ 4,884
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ (6,163)	\$ (12,732)	\$ (18,895)	\$ (7,643)	\$ (4,586)	\$ (12,229)	\$ 1,480	\$ (8,146)	\$ (6,666)

2.

	As of End of Current Period			12/31/2024			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks			\$ -			\$ -	\$ -	\$ -	\$ -
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)			\$ -			\$ -	\$ -	\$ -	\$ -
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.			\$ -			\$ -	\$ -	\$ -	\$ -
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$ 3,575,741	XXX	XXX	\$ 3,725,283	XXX	XXX	\$ (149,542)
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.			\$ -			\$ -	\$ -	\$ -	\$ -
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

3.

a. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	<u>2025</u>	<u>2024</u>
	4147.000%	4003.800%
b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 23,838,271	\$ 24,835,222

4.

	As of End of Current Period		12/31/2024		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col. 1 - 3) Ordinary	(6) (Col. 2 - 4) Capital
Impact of Tax Planning Strategies:						
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.						
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 484	\$ -	\$ 2,266	\$ -	\$ (1,782)	\$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies					0.000%	0.000%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 484	\$ -	\$ 2,266	\$ -	\$ (1,782)	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies					0.000%	0.000%

b. Do the Company's tax-planning strategies include the use of reinsurance? Yes  No

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY  
**NOTES TO FINANCIAL STATEMENTS**

B. Deferred Tax Liabilities Not Recognized

1. The types of temporary differences for which a DTL has not been recognized and the types of events that would cause those temporary differences to become taxable are:

None

2. The cumulative amount of each type of temporary difference is:

None

3. The amount of the unrecognized DTL for temporary differences related to investments in foreign subsidiaries and foreign corporate joint ventures that are essentially permanent in duration, if determination of that liability is practicable, or a statement that determination is not practicable are:

None

4. The amount of the DTL for temporary differences other than those in item (3) above that is not recognized is:

None

C. Current income taxes incurred consist of the following major components:

	(1) As of End of Current Period	(2) 12/31/2024	(3) (Col. 1 - 2) Change
1. Current Income Tax			
(a) Federal	\$ (282,754)	\$ (359,648)	\$ 76,894
(b) Foreign			\$ -
(c) Subtotal (1a+1b)	\$ (282,754)	\$ (359,648)	\$ 76,894
(d) Federal income tax on net capital gains	\$ (6,740)	\$ (103,312)	\$ 96,572
(e) Utilization of capital loss carry-forwards			\$ -
(f) Other			\$ -
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	\$ (289,494)	\$ (462,960)	\$ 173,466
2. Deferred Tax Assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	\$ 179	\$ 752	\$ (573)
(2) Unearned premium reserve			\$ -
(3) Policyholder reserves			\$ -
(4) Investments			\$ -
(5) Deferred acquisition costs			\$ -
(6) Policyholder dividends accrual			\$ -
(7) Fixed assets	\$ 305	\$ 1,514	\$ (1,209)
(8) Compensation and benefits accrual			\$ -
(9) Pension accrual			\$ -
(10) Receivables - nonadmitted			\$ -
(11) Net operating loss carry-forward			\$ -
(12) Tax credit carry-forward			\$ -
(13) Other			\$ -
(99) Subtotal (sum of 2a1 through 2a13)	\$ 484	\$ 2,266	\$ (1,782)
(b) Statutory valuation allowance adjustment			\$ -
(c) Nonadmitted			\$ -
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 484	\$ 2,266	\$ (1,782)
(e) Capital:			
(1) Investments			\$ -
(2) Net capital loss carry-forward			\$ -
(3) Real estate			\$ -
(4) Other			\$ -
(99) Subtotal (2e1+2e2+2e3+2e4)	\$ -	\$ -	\$ -
(f) Statutory valuation allowance adjustment			\$ -
(g) Nonadmitted			\$ -
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ -	\$ -	\$ -
(i) Admitted deferred tax assets (2d + 2h)	\$ 484	\$ 2,266	\$ (1,782)
3. Deferred Tax Liabilities:			
(a) Ordinary:			
(1) Investments	\$ 6,647	\$ 3,616	\$ 3,031
(2) Fixed assets			\$ -
(3) Deferred and uncollected premium			\$ -
(4) Policyholder reserves			\$ -
(5) Other		\$ 6,293	\$ (6,293)
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$ 6,647	\$ 9,909	\$ (3,262)
(b) Capital:			
(1) Investments	\$ 12,732	\$ 4,586	\$ 8,146
(2) Real estate			\$ -
(3) Other			\$ -
(99) Subtotal (3b1+3b2+3b3)	\$ 12,732	\$ 4,586	\$ 8,146
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 19,379	\$ 14,495	\$ 4,884
4. Net deferred tax assets/liabilities (2i - 3c)	\$ (18,895)	\$ (12,229)	\$ (6,666)

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY  
**NOTES TO FINANCIAL STATEMENTS**

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate Among the more significant book to tax adjustments were the following:

	Amount	Effective Tax Rate (%)
<b>Permanent Differences:</b>		
Provisions computed at statutory rate	\$ (281,019)	21.0%
Change in nonadmitted assets	\$ -	0.0%
Proration of tax exempt investment income	\$ 4,225	-0.3%
Tax exempt income deduction	\$ (16,898)	1.2%
Dividends received deduction		
Disallowed travel and entertainment	\$ -	0.0%
Other permanent differences	\$ (1)	0.0%
<b>Temporary Differences:</b>		
Total ordinary DTAs		
Total ordinary DTLs	\$ -	0.0%
Total capital DTAs		
Total capital DTLs		
<b>Other:</b>		
Statutory valuation allowance adjustment	\$ -	0.0%
Accrual adjustment	\$ (2)	0.0%
Other		0.0%
Totals	\$ (293,695)	21.9%
Federal and foreign income taxes incurred	\$ (282,754)	21.1%
Realized capital gains (losses) tax	\$ (6,740)	0.5%
Change in net deferred income taxes	\$ (4,201)	0.3%
Total statutory income taxes	\$ (293,695)	21.9%

E. Operating Loss Carry Forwards and Income Taxes Available for Recoupment

1. The amounts, origination dates and expiration dates of operating loss and tax credit carry forwards available for tax purposes:

None

2. The following is income tax expense for current year and proceeding years that is available for recoupment in the event of future net losses:

Year	Amounts
2025	\$ -
2024	\$ -
2023	\$ -

3. The Company's aggregate amount of deposits admitted under Section 6603 of the Internal Revenue Service Code

None

F. Consolidated Federal Income Tax Return

1. The Company's federal income tax return is consolidated with the following entities:

For tax year 2025, The Company will file as part of the consolidated federal income tax return with its ultimate U.S. parent, Mapfre USA Corp, and its subsidiaries, The Commerce Insurance Company, Citation Insurance Company, American Commerce Insurance Company, Commerce West Insurance Company, Mapfre Insurance Company, Mapfre Insurance Company of Florida, MAPFRE Tech USA, Inc., ACIC Holding Company, Inc., Bay Finance Holding Company, Bright Idea Insurance Solutions, Inc., Mapfre Assistance USA, Inc., Federal Assist Company, Century Automotive Service Corporation, and Mapfre Warranty Corporation of Florida (said parties constituting an "Affiliated Group," as defined in and for the purposes of IRC §1504(a)).

2. The manner in which the Board of Directors sets forth for allocating the consolidated federal income tax:

Each affiliate is jointly and severally liable for federal income taxes of the Affiliated Group, and has entered into a written tax sharing agreement. Under this agreement, allocation is made primarily on a separate return basis, with current payment for losses and other tax items utilized in the consolidated return.

G. Federal or Foreign Income Tax Contingencies:

The Company has no tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

H. Repatriation Transition Tax (RTT)

None

I. Alternative Minimum Tax (AMT) Credit

None

**NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

A. Nature of the Relationship Involved

All outstanding shares of the Company are owned by MAPFRE USA Corp.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY  
**NOTES TO FINANCIAL STATEMENTS**

B. Transactions

On September 1, 2022, the Company established a line of credit promissory note for the principal sum of up to \$40,000,000 with the Commerce Insurance Company, a Massachusetts domiciled property and casualty insurance company. Verti's initial advance on September 30, 2022 was for \$37,918,425.81. The Company paid The Commerce Insurance Company \$10,000,000 and \$7,918,425.81 on January 3, 2024 and December 11, 2025, respectively, to reduce the advance to \$20,000,000. The principal balance, together with all interest accrued unpaid, shall be due and payable on December 31, 2030. This note may be prepaid in full or in part without penalty or premium.

Monthly payments of interest on the outstanding principal balance shall be due and payable in arrears on the first day of each month commencing on October 1, 2022 and continuing on the first day of each month through December 1, 2030. Interest shall be calculated by using the Prime Rate published in the Wall Street Journal on the first business day of the interest period and shall be computed on the basis of a year deemed to consist of 365 days, and shall be paid for the actual number of days elapsed during the interest period.

The original agreement disclosed a maturity date of December 29, 2023, however an amendment was made to extend the maturity date to December 31, 2025 and was further amended to December 31, 2030.

C. Transactions with related party who are not reported on Schedule Y

None

D. Amounts Due From or To Related Parties

	2025	2024
	Due (To) From	Due (To) From
The Commerce Insurance Company	\$ (158,989)	\$ (1,357,589)
MAPFRE Tech USA, Inc.	-	(48,049)
	\$ (158,989)	\$ (1,405,638)

E. Material Management or Service Contracts and Cost-Sharing Arrangements

The Company's Management Cost Allocation Agreement provides that the company is charged or reimbursed for services rendered by the Company or its insurance affiliates and entails 1) investment related and 2) non-investment related services. Costs pertaining to investment related services are actual costs borne by the company which, per agreement, were determined to be the total rate of 15 basis points per annum times the investment balance at each regular calendar quarter. The non-investment related charges are costs borne by the Company and or its affiliates for functions supporting the affiliated companies. Loss adjustment expenses will be apportioned through the studies in accordance with the SSAP No. 70 which such studies shall be conducted no less than annually. Expenses other than investment related expenses and loss adjustment expenses will be apportioned to each company based on its direct written premium relative to that of the other companies.

In 2018, Mapfre USA created a wholly owned subsidiary, MAPFRE Tech USA, Inc., a Delaware corporation ("MAPFRE Tech"), to provide technology development and support services. The purpose of MAPFRE Tech is to acquire and to develop technology to support the MUSA Insurance Subsidiaries. The Commerce Insurance Company (Commerce) will assign or sell, on fair and reasonable terms, to MAPFRE Tech the IT assets Commerce has purchased or developed for the MUSA Insurance Subsidiaries. Such IT assets will be conveyed pursuant to an Assignment and Assumption Agreement and Asset Purchase Agreement between Commerce and MAPFRE Tech. An Inter-Company Technology Development, Operations and Support Agreement (the "IT Agreement"), which will, among other things, (i) permits MAPFRE Tech to provide technology services to the MUSA Insurance Subsidiaries, and (ii) allow Commerce, which employs all employees within the MAPFRE USA group of companies to provide personnel and corporate services to MAPFRE Tech.

F. Guarantees or Understakings

None

G. Nature of the Control Relationship

None

H. Company input

None

I. Company input

None

J. Investments in Impaired SCA's

None

K. Investment In Foreign Insurance Subsidiary

None

L. Investment in Downstream Noninsurance Holding Company

None

M. All SCA Investments

None

N. Investment in Insurance SCAs

None

O. SCA or SSAP 48 Entity Loss Tracking

None

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY  
**NOTES TO FINANCIAL STATEMENTS**

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**NOTE 11 Debt**

Not applicable

**NOTE 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

Not applicable

**NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

A. Number of Share and Par or State Value of Class

The Company has 100,000 shares of common stock with a par value of \$36 per share. MAPFRE U.S.A. Corp. owns 100% of the Company.

B. Dividend Rate, Liquidation Value and Redemption Schedule of Preferred Stock Issues

The Company has no preferred stock outstanding.

C. Dividend Restrictions

Every domestic insurance company seeking to make any dividend or other distributions to its shareholders must file a report with the Insurance Commissioner. An extraordinary dividend is any dividend or other property, whose fair market value together with other dividends or distributions made within the preceding twelve months, exceeds the greatest of ten percent of the insurers' surplus as regards policyholders as of the end of the preceding year, or the net income of a non-life insurance company for the preceding year. No pro-rata distribution of any class of the insurer's own securities is to be included. No domestic insurance company shall pay any extraordinary dividend or other extraordinary distribution until thirty days after the commissioner has received notice of the intended distribution and has not objected. Dividends are paid as determined by the Board of Directors

D. Dates and Amounts of Dividends Paid

None

E. Profits that may be Paid as Ordinary Dividends to Stockholders

None

F. Restrictions Placed on Unassigned Funds (Surplus)

None

G. Amount of Advances to Surplus not Repaid

None

H. Amount of Stock Held for Special Purposes

None

I. Reasons for Changes in Balance of Special Surplus Funds from Prior Period

None

J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is

\$ 40,877

K. The Company issued the following surplus debentures or similar obligations:

None

L. The impact of any restatement due to prior quasi-reorganizations is as follows:

None

M. Effective Date of Quasi-Reorganization for a Period of Ten Years Following Reorganization

None

**NOTE 14 Liabilities, Contingencies and Assessments**

A. Contingent Commitments

(1) Total contingent liabilities:

None

(2) Detail of other contingent commitments

None

(3) Guarantee Obligations

None

B. Assessments

(1) Nature of Any Assets That Could Have a Material Financial Effect

The Company is subject to assessments by the states in which it writes business. These amounts are expensed when received. The Company anticipates that there will be additional assessments from time to time relating to various insolvencies.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY  
**NOTES TO FINANCIAL STATEMENTS**

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C. Gain Contingencies

None

D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits

(1) The company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits

Direct
\$ -

(2) Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period

0-25 Claims

(3) Indicate whether claim count information is disclosed per claim or per claimant

Per Claimant

E. Product Warranties

None

F. Joint and Several Liabilities

None

G. All Other Contingencies

None

**NOTE 15 Leases**

Not Applicable

**NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk**

Not applicable

**NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

A. Transfers of Receivables Reported as Sales

(1) Proceeds to the Transferor

None

(2) Gain or Loss Record on Sale

None

B. Transfer and Servicing of Financial Assets

(1) Description of any Loaned Securities

None

(2) Servicing Assets and Servicing Liabilities

None

(3) When Servicing Assets and Liabilities are Measured at Fair Value

None

(4) Securitizations, Asset-Based Financing Arrangements and Similar Transfers Accounted for as Sales

None

(5) Disclosure Requirements for Transfers of Assets Accounted for as Secured Borrowing

None

(6) Transfer of Receivables with Recourse

None

(7) Securities Underlying Repurchase and Reverse Repurchase Agreements, Dollar Repurchase and Dollar Reverse Repurchase Agreements

None

C. Wash Sales

(1) In the course of the Company's asset management, no securities were sold and reacquired within 30 days of the sale date.

(2) The details by NAIC designation 3 or below, or unrated of securities sold during the year ended December 31, 2025 and reacquired within 30 days of the sale date are:

None

**NOTE 18 Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

Not applicable

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY  
**NOTES TO FINANCIAL STATEMENTS**

**NOTE 19 Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

Not applicable

**NOTE 20 Fair Value Measurements**

A. Inputs Used for Assets and Liabilities Measured and Reported at Fair Value

(1) Summary of Financial Assets Measured and Reported at Fair Value at reporting date.

of asset or liability	(Level 1)	(Level 2)	(Level 3)	(NAV)	Total
a. Assets at fair value					
Common Stock	\$ 51,743				\$ 51,743
Total assets at fair value/NAV	\$ 51,743	\$ -	\$ -	\$ -	\$ 51,743

(2) Fair Value Measurements in (Level 3) of the Fair Value hierarchy

None

(3) Policies when Transfers Between Levels are Recognized

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred into or out of a level.

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement

Financial Assets included in Level 1 of the Fair Value Hierarchy include US Treasury securities and exchange traded common stock where prices are obtained directly from active markets.

Financial Assets included in Level 2 of the Fair Value Hierarchy are securities priced by the company's custodial bank and based on observable market data.

Financial Assets included in Level 3 of the Fair Value Hierarchy are securities priced utilizing broker quotes or internal pricing determined by insurer.

(5) Derivative Fair Value Disclosures

The Company does not hold derivative assets or liabilities.

B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements

None

C. Fair Value for all Financial Instruments by Levels 1, 2, and 3

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Issuer Credit Obligation	\$ 30,538,160	\$ 33,375,819		\$ 30,538,160			
Asset-Backed Securities	\$ 3,833,275	\$ 4,722,533		\$ 3,833,275			
Common Stock	\$ 51,743	\$ 51,743	\$ 51,743				
Preferred Stock	\$ 475,000	\$ 454,976		\$ 475,000			
Total	\$ 34,898,178	\$ 38,605,071	\$ 51,743	\$ 34,846,435			

D. Not Practicable to Estimate Fair Value

None

E. Instruments measured at Net Asset Value (NAV)

None

**NOTE 21 Other Items**

Not applicable

**NOTE 22 Events Subsequent**

Type I – Recognized Subsequent Events:

Subsequent events have been considered through February 20, 2026 for these statutory financial statements which are to be issued on March 2, 2026.

Type II – Nonrecognized Subsequent Events:

None

**NOTE 23 Reinsurance**

Not applicable

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination**

A. Method Used by Reporting Entity to Estimate Accrued Retrospective Premium Adjustments

None

B. Accrued Retrospective Premiums Recorded Through Written Premium or an Adjustment to Earned Premium

None

C. Amount of Net Premiums Written Subject to Retrospective Rating Features and Percentage to Total New Premiums Written

None

D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

None

E. Nonadmitted Retrospective Premium

None

F. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)? Yes  No

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

None

(3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance.

None

**NOTE 25 Changes in Incurred Losses and Loss Adjustment Expenses**

A. Change in Incurred Losses and Loss Adjustment Expenses.

Current year losses and LAE reflected on the Statement of Income of \$32,036 were higher by \$32,036 due to unfavorable development of prior year estimates. This deficiency was 44.28% of the unpaid losses and LAE of \$72,347 as of prior year-end.

B. Information about Significant Changes in Methodologies and Assumptions.

None

**NOTE 26 Intercompany Pooling Arrangements**

Not applicable

**NOTE 27 Structured Settlements**

Not applicable

**NOTE 28 Health Care Receivables**

Not applicable

**NOTE 29 Participating Policies**

Not applicable

**NOTE 30 Premium Deficiency Reserves**

1. Liability carried for premium deficiency reserves	\$	-
2. Date of the most recent evaluation of this liability	01/23/2026	
3. Was anticipated investment income utilized in the calculation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**NOTE 31 High Deductibles**

Not applicable

**NOTE 32 Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses**

Not applicable

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY  
**NOTES TO FINANCIAL STATEMENTS**

**NOTE 33 Asbestos/Environmental Reserves**

A. Does the company have on the books, or has it ever written an insured for which you have identified a potential for the existence of a liability due to asbestos losses?

None

B. State the amount of the ending reserves for Bulk + IBNR included in A (Loss & LAE):

None

C. State the amount of the ending reserves for loss adjustment expenses included in A (Case, Bulk + IBNR):

None

D. Does the company have on the books, or has it ever written an insured for which you have identified a potential for the existence of a liability due to environmental losses?

(1) Direct

	2021	2022	2023	2024	2025
a. Beginning reserves:	\$ -	\$ -	\$ -	\$ -	\$ -
b. Incurred losses and loss adjustment expense:	\$ -	\$ -	\$ -	\$ -	\$ -
c. Calendar year payments for losses and loss adjustment expenses:	\$ -	\$ -	\$ -	\$ -	\$ -
d. Ending reserves (a+b-c):	\$ -	\$ -	\$ -	\$ -	\$ -

(2) Assumed Reinsurance

	2021	2022	2023	2024	2025
a. Beginning reserves:	\$ 102,139	\$ 37,608	\$ -	\$ -	\$ -
b. Incurred losses and loss adjustment expense:	\$ (56,298)	\$ (37,608)	\$ -	\$ -	\$ -
c. Calendar year payments for losses and loss adjustment expenses:	\$ 8,233	\$ -	\$ -	\$ -	\$ -
d. Ending reserves (a+b-c):	\$ 37,608	\$ -	\$ -	\$ -	\$ -

(3) Net of Ceded Reinsurance

	2021	2022	2023	2024	2025
a. Beginning reserves:	\$ 102,139	\$ 37,608	\$ -	\$ -	\$ -
b. Incurred losses and loss adjustment expense:	\$ (56,298)	\$ (37,608)	\$ -	\$ -	\$ -
c. Calendar year payments for losses and loss adjustment expenses:	\$ 8,233	\$ -	\$ -	\$ -	\$ -
d. Ending reserves (a+b-c):	\$ 37,608	\$ -	\$ -	\$ -	\$ -

E. State the amount of the ending reserves for Bulk + IBNR included in D (Loss & LAE):

None

F. State the amount of the ending reserves for loss adjustment expenses included in D (Case, Bulk + IBNR):

None

**NOTE 34 Subscriber Savings Accounts**

Not applicable

**NOTE 35 Multiple Peril Crop Insurance**

Not applicable

**NOTE 36 Financial Guaranty Insurance**

Not applicable

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES  
GENERAL**

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]  
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? ..... Yes [ X ] No [ ] N/A [ ]
- 1.3 State Regulating? ..... Ohio
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ ] No [ X ]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]
- 2.2 If yes, date of change: .....
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2023
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2023
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 05/27/2025
- 3.4 By what department or departments?  
Ohio Department of Insurance .....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] N/A [ X ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ ] No [ ] N/A [ X ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business? ..... Yes [ ] No [ X ]  
4.12 renewals? ..... Yes [ ] No [ X ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business? ..... Yes [ ] No [ X ]  
4.22 renewals? ..... Yes [ ] No [ X ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]  
If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]
- 6.2 If yes, give full information .....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? ..... Yes [ X ] No [ ]
- 7.2 If yes,  
7.21 State the percentage of foreign control ..... 100.0 %  
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
Spain .....	Corporation .....

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY

**GENERAL INTERROGATORIES**

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If the response to 8.1 is yes, please identify the name of the DIHC.  
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]
- 8.4 If response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	.....	.....	.....	.....	.....

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? ..... Yes [ ] No [ X ]
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? ..... Yes [ ] No [ ] N/A [ X ]
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
N/A .....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:  
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:  
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [ X ] No [ ] N/A [ ]
- 10.6 If the response to 10.5 is no or n/a, please explain.  
.....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
N/A .....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]
- 12.11 Name of real estate holding company ...
- 12.12 Number of parcels involved .....
- 12.13 Total book/adjusted carrying value ..... \$ .....
- 12.2 If yes, provide explanation  
.....
- 13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?  
.....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ ] No [ ]
- 13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ ]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ ]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [ X ] No [ ]
- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is No, please explain:  
.....
- 14.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [ X ]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
.....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).  
.....

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY  
GENERAL INTERROGATORIES**

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? ..... Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? ..... Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? ..... Yes [ X ] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers.....\$ .....
  - 20.12 To stockholders not officers.....\$ .....
  - 20.13 Trustees, supreme or grand (Fraternal Only) ..... \$ .....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers.....\$ .....
  - 20.22 To stockholders not officers.....\$ .....
  - 20.23 Trustees, supreme or grand (Fraternal Only) ..... \$ .....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others.....\$ .....
  - 21.22 Borrowed from others.....\$ .....
  - 21.23 Leased from others .....\$ .....
  - 21.24 Other .....\$ .....
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? ..... Yes [ ] No [ X ]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$ .....
  - 22.22 Amount paid as expenses .....\$ .....
  - 22.23 Other amounts paid .....\$ .....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ ] No [ X ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ .....
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? ..... Yes [ ] No [ X ]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

**INVESTMENT**

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)..... Yes [ X ] No [ ]

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY**  
**GENERAL INTERROGATORIES**

- 25.02 If no, give full and complete information, relating thereto  
 .....
- 25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)  
 .....
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. .... \$ .....
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. .... \$ .....
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? ..... Yes [ ] No [ ] N/A [ X ]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? ..... Yes [ ] No [ ] N/A [ X ]
- 25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? ..... Yes [ ] No [ ] N/A [ X ]
- 25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:
- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ ..... 0
- 25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ ..... 0
- 25.093 Total payable for securities lending reported on the liability page ..... \$ ..... 0

- 26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). ..... Yes [ ] No [ X ]
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements ..... \$ ..... 0
- 26.22 Subject to reverse repurchase agreements ..... \$ ..... 0
- 26.23 Subject to dollar repurchase agreements ..... \$ ..... 0
- 26.24 Subject to reverse dollar repurchase agreements ..... \$ ..... 0
- 26.25 Placed under option agreements ..... \$ ..... 0
- 26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock ..... \$ ..... 0
- 26.27 FHLB Capital Stock ..... \$ ..... 0
- 26.28 On deposit with states ..... \$ ..... 0
- 26.29 On deposit with other regulatory bodies ..... \$ ..... 0
- 26.30 Pledged as collateral - excluding collateral pledged to an FHLB ..... \$ ..... 0
- 26.31 Pledged as collateral to FHLB - including assets backing funding agreements ..... \$ ..... 0
- 26.32 Other ..... \$ ..... 0

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? ..... Yes [ ] No [ X ]
- 27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ] N/A [ X ]  
 If no, attach a description with this statement.

**LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:**

- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? ..... Yes [ ] No [ ]
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 ..... Yes [ ] No [ ]
- 27.42 Permitted accounting practice ..... Yes [ ] No [ ]
- 27.43 Other accounting guidance ..... Yes [ ] No [ ]
- 27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: ..... Yes [ ] No [ ]
- The reporting entity has obtained explicit approval from the domiciliary state.
  - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
  - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
  - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.
- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? ..... Yes [ ] No [ X ]
- 28.2 If yes, state the amount thereof at December 31 of the current year. .... \$ .....
29. Excluding items in Schedule E, Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? ..... Yes [ X ] No [ ]

29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Bank of New York Mellon .....	240 Greenwich Street, New York, NY 10286 .....

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY  
GENERAL INTERROGATORIES**

29.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [ ] No [ X ]

29.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Eric Trigilio .....	I.....

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [ ] No [ ] N/A [ X ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [ ] No [ ] N/A [ X ]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Registered With	4 Investment Management Agreement (IMA) Filed

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? ..... Yes [ ] No [ X ]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 - Total		0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY  
GENERAL INTERROGATORIES**

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Issuer Credit Obligations .....	33,375,819	30,538,160	(2,837,659)
31.2 Asset-Backed Securities .....	4,722,533	3,833,275	(889,258)
31.3 Preferred stocks .....	454,976	475,000	20,024
31.4 Totals	38,553,328	34,846,435	(3,706,893)

31.5 Describe the sources or methods utilized in determining the fair values:

Custodian Bank .....

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? ..... Yes [ X ] No [ ]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [ X ] No [ ]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
.....

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ]

33.2 If no, list exceptions:  
.....

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? ..... Yes [ ] No [ X ]

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

- a. The security was either:
  - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
  - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
- c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? ..... Yes [ ] No [ X ]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes [ ] No [ X ]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? ..... Yes [ ] No [ ] N/A [ X ]

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY  
**GENERAL INTERROGATORIES**

38.1 Does the reporting entity directly hold cryptocurrencies? ..... Yes [ ] No [ X ]

38.2 If the response to 38.1 is yes, on what schedule are they reported?  
 .....

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? ..... Yes [ ] No [ X ]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?  
 39.21 Held directly ..... Yes [ ] No [ ]  
 39.22 Immediately converted to U.S. dollars ..... Yes [ ] No [ ]

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1	2	3
Name of Cryptocurrency	Immediately Converted to USD, Directly Held, or Both	Accepted for Payment of Premiums

**OTHER**

40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? ..... \$ ..... 20

40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

1	2
Name	Amount Paid
AIPSO .....	20

41.1 Amount of payments for legal expenses, if any? ..... \$ .....

41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? ..... \$ .....

42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1	2
Name	Amount Paid

**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? ..... Yes [ ] No [ X ]

1.2 If yes, indicate premium earned on U. S. business only. .... \$ \_\_\_\_\_

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? ..... \$ \_\_\_\_\_  
 1.31 Reason for excluding  
 .....

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. .... \$ \_\_\_\_\_

1.5 Indicate total incurred claims on all Medicare Supplement insurance. .... \$ \_\_\_\_\_ 0

1.6 Individual policies:

	Most current three years:	
1.61 Total premium earned .....	\$ .....	0
1.62 Total incurred claims .....	\$ .....	0
1.63 Number of covered lives .....		0
	All years prior to most current three years:	
1.64 Total premium earned .....	\$ .....	0
1.65 Total incurred claims .....	\$ .....	0
1.66 Number of covered lives .....		0

1.7 Group policies:

	Most current three years:	
1.71 Total premium earned .....	\$ .....	0
1.72 Total incurred claims .....	\$ .....	0
1.73 Number of covered lives .....		0
	All years prior to most current three years:	
1.74 Total premium earned .....	\$ .....	0
1.75 Total incurred claims .....	\$ .....	0
1.76 Number of covered lives .....		0

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator .....		
2.2 Premium Denominator .....		0
2.3 Premium Ratio (2.1/2.2) .....	0.000	0.000
2.4 Reserve Numerator .....		
2.5 Reserve Denominator .....	19,086	72,347
2.6 Reserve Ratio (2.4/2.5) .....	0.000	0.000

3.1 Did the reporting entity issue participating policies during the calendar year? ..... Yes [ ] No [ X ]

3.2 If yes, provide the amount of premium written for participating and/or non-participating policies during the calendar year:

3.21 Participating policies .....	\$ .....
3.22 Non-participating policies .....	\$ .....

4. For mutual reporting Entities and Reciprocal Exchanges only:

4.1 Does the reporting entity issue assessable policies? ..... Yes [ ] No [ ]

4.2 Does the reporting entity issue non-assessable policies? ..... Yes [ ] No [ ]

4.3 If assessable policies are issued, what is the extent of the contingent liability of the policyholders? ..... % \_\_\_\_\_

4.4 Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums. .... \$ \_\_\_\_\_

5. For Reciprocal Exchanges Only:

5.1 Does the Exchange appoint local agents? ..... Yes [ ] No [ ]

5.2 If yes, is the commission paid:

5.21 Out of Attorney's-in-fact compensation.....	Yes [ ] No [ ] N/A [ ]
5.22 As a direct expense of the exchange.....	Yes [ ] No [ ] N/A [ ]

5.3 What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact?  
 .....

5.4 Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred? ..... Yes [ ] No [ ]

5.5 If yes, give full information  
 .....

# GENERAL INTERROGATORIES

## PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

- 6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss?  
Not Applicable
- 6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:  
Not Applicable
- 6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?  
Not Applicable
- 6.4 Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence? Yes [ ] No [ X ]
- 6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss  
Not Applicable as the Company is in a runoff position
- 7.1 Has this reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)? Yes [ ] No [ X ]
- 7.2 If yes, indicate the number of reinsurance contracts containing such provisions.
- 7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)? Yes [ ] No [ X ]
- 8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? Yes [ ] No [ X ]
- 8.2 If yes, give full information
- 9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:  
(a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;  
(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;  
(c) Aggregate stop loss reinsurance coverage;  
(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;  
(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or  
(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity. Yes [ ] No [ X ]
- 9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:  
(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or  
(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract. Yes [ ] No [ X ]
- 9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:  
(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;  
(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and  
(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.
- 9.4 Except for transactions meeting the requirements of paragraph 36 of SSAP No. 62 - Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:  
(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or  
(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? Yes [ ] No [ X ]
- 9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.
- 9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:  
(a) The entity does not utilize reinsurance; or, Yes [ X ] No [ ]  
(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or Yes [ ] No [ X ]  
(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement. Yes [ ] No [ X ]
10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done? Yes [ ] No [ ] N/A [ X ]

# GENERAL INTERROGATORIES

## PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

- 11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force? ..... Yes [ ] No [ X ]
- 11.2 If yes, give full information  
.....
- 12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:
- 12.11 Unpaid losses ..... \$ .....
- 12.12 Unpaid underwriting expenses (including loss adjustment expenses) ..... \$ .....
- 12.2 Of the amount on Line 15.3, Page 2, state the amount which is secured by letters of credit, collateral and other funds. .... \$ \_\_\_\_\_
- 12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? ..... Yes [ ] No [ ] N/A [ X ]
- 12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:
- 12.41 From ..... %
- 12.42 To..... %
- 12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? ..... Yes [ ] No [ X ]
- 12.6 If yes, state the amount thereof at December 31 of the current year:
- 12.61 Letters of Credit ..... \$ .....
- 12.62 Collateral and other funds..... \$ .....
- 13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): ..... \$ \_\_\_\_\_
- 13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? ..... Yes [ ] No [ X ]
- 13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount. ....
- 14.1 Is the company a cedant in a multiple cedant reinsurance contract? ..... Yes [ ] No [ X ]
- 14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:  
.....
- 14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? ..... Yes [ ] No [ ]
- 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? ..... Yes [ ] No [ ]
- 14.5 If the answer to 14.4 is no, please explain:  
.....
- 15.1 Has the reporting entity guaranteed any financed premium accounts? ..... Yes [ ] No [ X ]
- 15.2 If yes, give full information  
.....
- 16.1 Does the reporting entity write any warranty business? ..... Yes [ ] No [ X ]  
If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home .....	.....	.....	.....	.....	.....
16.12 Products .....	.....	.....	.....	.....	.....
16.13 Automobile .....	.....	.....	.....	.....	.....
16.14 Other*	.....	.....	.....	.....	.....

\* Disclose type of coverage:  
.....

- 17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F - Part 3 that is exempt from the statutory provision for unauthorized reinsurance? ..... Yes [ ] No [ X ]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from the statutory provision for unauthorized reinsurance. Provide the following information for this exemption:

- 17.11 Gross amount of unauthorized reinsurance in Schedule F - Part 3 exempt from the statutory provision for unauthorized reinsurance ..... \$ .....
- 17.12 Unfunded portion of Interrogatory 17.11 ..... \$ .....
- 17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11..... \$ .....
- 17.14 Case reserves portion of Interrogatory 17.11 ..... \$ .....
- 17.15 Incurred but not reported portion of Interrogatory 17.11 ..... \$ .....
- 17.16 Unearned premium portion of Interrogatory 17.11 ..... \$ .....
- 17.17 Contingent commission portion of Interrogatory 17.11 ..... \$ .....

## GENERAL INTERROGATORIES

### PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

- 18.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]
- 18.2 If yes, please provide the amount of custodial funds held as of the reporting date. .... \$ .....
- 18.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]
- 18.4 If yes, please provide the balance of funds administered as of the reporting date. .... \$ .....
19. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ X ] No [ ]
- 19.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ ]

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY

**FIVE-YEAR HISTORICAL DATA**

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

	1 2025	2 2024	3 2023	4 2022	5 2021
<b>Gross Premiums Written (Page 8, Part 1B Cols. 1, 2 &amp; 3)</b>					
1. Liability lines (Lines 11, 16, 17, 18 & 19) .....	0	0	0	(11,528,431)	22,919,598
2. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	0	0	0	(7,752,203)	17,412,493
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	0	0	0	(2,418,342)	3,124,809
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	0	0	0	0	0
5. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
6. Total (Line 35) .....	0	0	0	(21,698,976)	43,456,900
<b>Net Premiums Written (Page 8, Part 1B, Col. 6)</b>					
7. Liability lines (Lines 11, 16, 17, 18 & 19) .....	0	0	0	(11,504,933)	22,017,972
8. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	0	0	0	(7,737,019)	16,849,324
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	0	0	0	(2,418,342)	3,124,809
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	0	0	0	0	0
11. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
12. Total (Line 35) .....	0	0	0	(21,660,294)	41,992,105
<b>Statement of Income (Page 4)</b>					
13. Net underwriting gain (loss) (Line 8) .....	(427,191)	(403,133)	(319,969)	(107,600)	(971,468)
14. Net investment gain (loss) (Line 11) .....	(904,257)	(1,199,881)	(2,069,458)	397,745	729,596
15. Total other income (Line 15) .....	0	0	0	(3,133)	82,906
16. Dividends to policyholders (Line 17) .....	0	0	0	0	0
17. Federal and foreign income taxes incurred (Line 19) .....	(282,754)	(359,648)	(381,228)	(1,098,997)	(190,717)
18. Net income (Line 20) .....	(1,048,694)	(1,243,366)	(2,008,199)	1,386,009	31,751
<b>Balance Sheet Lines (Pages 2 and 3)</b>					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3) .....	44,151,973	54,428,093	66,073,209	67,692,520	70,243,479
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1) .....	0	0	551	0	2,110,514
20.2 Deferred and not yet due (Line 15.2) .....	0	0	0	0	0
20.3 Accrued retrospective premiums (Line 15.3) .....	0	0	0	0	0
21. Total liabilities excluding protected cell business (Page 3, Line 26) .....	20,332,596	29,605,100	39,996,495	39,666,804	47,700,295
22. Losses (Page 3, Line 1) .....	13,841	62,876	355,582	769,252	21,215,673
23. Loss adjustment expenses (Page 3, Line 3) .....	5,245	9,471	23,416	66,650	2,757,544
24. Unearned premiums (Page 3, Line 9) .....	0	0	0	0	21,716,986
25. Capital paid up (Page 3, Lines 30 & 31) .....	3,600,000	3,600,000	3,600,000	3,600,000	3,600,000
26. Surplus as regards policyholders (Page 3, Line 37) .....	23,819,377	24,822,993	26,076,714	28,025,716	22,543,184
<b>Cash Flow (Page 5)</b>					
27. Net cash from operations (Line 11) .....	(599,226)	(1,255,749)	(1,945,347)	(38,342,313)	138,161
<b>Risk-Based Capital Analysis</b>					
28. Total adjusted capital .....	23,819,377	24,822,993	26,076,714	28,025,716	22,543,184
29. Authorized control level risk-based capital .....	574,833	620,291	961,885	749,069	3,483,270
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line divided by Page 2, Line 12, Col. 3) x100.0</b>					
30. Bonds (Line 1) .....	87.3	89.6	77.3	90.4	98.3
31. Stocks (Lines 2.1 & 2.2) .....	1.2	0.9	0.0	0.0	0.0
32. Mortgage loans on real estate (Lines 3.1 and 3.2) .....	0.0	0.0	0.0	0.0	0.0
33. Real estate (Lines 4.1, 4.2 & 4.3) .....	0.0	0.0	0.0	0.0	0.0
34. Cash, cash equivalents and short-term investments (Line 5) .....	11.5	9.5	22.7	9.6	1.7
35. Contract loans (Line 6) .....	0.0	0.0	0.0	0.0	0.0
36. Derivatives (Line 7) .....	0.0	0.0	0.0	0.0	0.0
37. Other invested assets (Line 8) .....	0.0	0.0	0.0	0.0	0.0
38. Receivables for securities (Line 9) .....	0.0	0.0	0.0	0.0	0.0
39. Securities lending reinvested collateral assets (Line 10) .....	0.0	0.0	0.0	0.0	0.0
40. Aggregate write-ins for invested assets (Line 11) .....	0.0	0.0	0.0	0.0	0.0
41. Cash, cash equivalents and invested assets (Line 12) .....	100.0	100.0	100.0	100.0	100.0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
42. Affiliated bonds (Schedule D, Summary, Line 9 + 15, Col. 1) .....	0	0	0	0	0
43. Affiliated preferred stocks (Schedule D, Summary, Line 22, Col. 1) .....	0	0	0	0	0
44. Affiliated common stocks (Schedule D, Summary, Line 28, Col. 1) .....	0	0	0	0	0
45. Affiliated mortgage loans on real estate .....	0	0	0	0	0
46. All other affiliated .....	0	0	0	0	0
47. Total of above Lines 42 to 46 .....	0	0	0	0	0
48. Total Investment in Parent included in Lines 42 to 46 above .....	0	0	0	0	0
49. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 47 above divided by Page 3, Col. 1, Line 37 x 100.0) .....	0.0	0.0	0.0	0.0	0.0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY

**FIVE-YEAR HISTORICAL DATA**

(Continued)

	1 2025	2 2024	3 2023	4 2022	5 2021
<b>Capital and Surplus Accounts (Page 4)</b>					
50. Net unrealized capital gains (losses) (Line 24) .....	40,877				0
51. Dividends to stockholders (Line 35) .....					0
52. Change in surplus as regards policyholders for the year (Line 38) .....	(1,003,616)	(1,253,721)	(1,949,002)	5,482,532	972,588
<b>Gross Losses Paid (Page 9, Part 2, Cols. 1 &amp; 2)</b>					
53. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	39,784	97,421	145,275	21,758,792	15,140,065
54. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	0	(12,825)	(19,328)	536,701	11,454,723
55. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	0	0	0	158,633	1,590,530
56. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	0	0	0	4,892	(6,213)
57. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	(4,370)	416
58. Total (Line 35) .....	39,784	84,596	125,947	22,454,648	28,179,521
<b>Net Losses Paid (Page 9, Part 2, Col. 4)</b>					
59. Liability lines (Lines 11, 16, 17, 18 & 19) .....	39,784	97,421	145,275	19,411,297	13,433,193
60. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	0	(12,825)	(19,328)	526,505	10,159,679
61. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	0	0	0	158,633	1,590,530
62. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	0	0	0	4,892	(6,213)
63. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	(4,370)	416
64. Total (Line 35) .....	39,784	84,596	125,947	20,096,957	25,177,605
<b>Operating Percentages (Page 4) (Line divided by Page 4, Line 1) x 100.0</b>					
65. Premiums earned (Line 1) .....	100.0	100.0	100.0	100.0	100.0
66. Losses incurred (Line 2) .....	0.0	0.0	0.0	(616.4)	58.5
67. Loss expenses incurred (Line 3) .....	0.0	0.0	0.0	(264.0)	13.1
68. Other underwriting expenses incurred (Line 4) .....	0.0	0.0	0.0	1,170.2	30.6
69. Net underwriting gain (loss) (Line 8) .....	0.0	0.0	0.0	(189.8)	(2.3)
<b>Other Percentages</b>					
70. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0) .....	0.0	0.0	0.0	(3.1)	31.2
71. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0) .....	0.0	0.0	0.0	(880.4)	71.6
72. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0) .....	0.0	0.0	0.0	(77.3)	186.3
<b>One Year Loss Development (\$000 omitted)</b>					
73. Development in estimated losses and loss expenses incurred prior to current year (Schedule P - Part 2 - Summary, Line 12, Col. 11) .....	(11)	(174)	(288)	(570)	(323)
74. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 73 above divided by Page 4, Line 21, Col. 1 x 100.0).....	0.0	(0.7)	(1.0)	(2.5)	(1.5)
<b>Two Year Loss Development (\$000 omitted)</b>					
75. Development in estimated losses and loss expenses incurred two years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12) .....	(185)	(462)	(808)	(643)	1,662
76. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 75 above divided by Page 4, Line 21, Col. 2 x 100.0) .....	(0.7)	(1.6)	(3.6)	(3.0)	6.3

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Corrections of Errors? Yes [ ] No [ ]  
 If no, please explain: .....

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY  
**SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES**  
**SCHEDULE P - PART 1 - SUMMARY**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4	5	6	7	8	9			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2016.....	66,216	12,704	53,512	40,319	5,223	1,060	371	5,636	112	7,727	41,309	XXX
3. 2017.....	68,184	13,146	55,038	41,717	6,176	1,059	444	6,052	124	7,929	42,084	XXX
4. 2018.....	67,421	11,296	56,125	41,638	6,432	889	453	6,015	93	7,768	41,564	XXX
5. 2019.....	61,924	11,943	49,981	36,070	5,183	707	268	4,987	0	7,073	36,313	XXX
6. 2020.....	57,017	12,711	44,306	26,526	5,040	536	215	4,963	0	4,587	26,770	XXX
7. 2021.....	55,047	12,397	42,650	29,571	5,372	655	148	5,016	0	2,841	29,722	XXX
8. 2022.....	57	0	57	67	0	19	0	11	0	6	97	XXX
9. 2023.....	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2024.....	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2025.....	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	215,908	33,426	4,925	1,899	32,680	329	37,931	217,859	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded					
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2018.....	1	0	0	0	0	0	0	0	0	0	0	1	0
5. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2020.....	0	0	0	0	0	0	0	0	2	0	0	2	0
7. 2021.....	0	0	0	0	0	0	0	0	4	0	0	4	0
8. 2022.....	9	0	0	0	0	0	0	0	0	0	0	9	0
9. 2023.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2024.....	4	0	0	0	0	0	0	0	0	0	0	4	0
11. 2025.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	14	0	0	0	0	0	0	0	6	0	0	20	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense			
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2016.....	47,015	5,706	41,309	71.0	44.9	77.2	0	0		0	0
3. 2017.....	48,828	6,744	42,084	71.6	51.3	76.5	0	0		0	0
4. 2018.....	48,543	6,978	41,565	72.0	61.8	74.1	0	0		1	0
5. 2019.....	41,764	5,451	36,313	67.4	45.6	72.7	0	0		0	0
6. 2020.....	32,027	5,255	26,772	56.2	41.3	60.4	0	0		0	2
7. 2021.....	35,246	5,520	29,726	64.0	44.5	69.7	0	0		0	4
8. 2022.....	106	0	106	186.0	0.0	186.0	0	0		9	0
9. 2023.....	0	0	0	0.0	0.0	0.0	0	0		0	0
10. 2024.....	4	0	4	0.0	0.0	0.0	0	0		4	0
11. 2025.....	0	0	0	0.0	0.0	0.0	0	0		0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	14	6

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY

**SCHEDULE P - PART 2 - SUMMARY**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	11 One Year	12 Two Year
1. Prior.....	11,270	11,712	12,053	7,651	20,557	18,891	18,899	20,083	20,083	20,083	0	0
2. 2016.....	25,159	26,416	27,023	23,435	35,867	35,930	35,930	35,785	35,785	35,785	0	0
3. 2017.....	XXX	26,374	26,693	22,940	36,187	36,267	36,262	36,156	36,156	36,156	0	0
4. 2018.....	XXX	XXX	23,048	23,046	35,600	35,826	35,813	35,642	35,642	35,643	1	1
5. 2019.....	XXX	XXX	XXX	21,037	31,299	31,500	31,449	31,368	31,327	31,326	(1)	(42)
6. 2020.....	XXX	XXX	XXX	XXX	23,247	22,358	22,099	21,873	21,814	21,807	(7)	(66)
7. 2021.....	XXX	XXX	XXX	XXX	XXX	25,719	25,473	24,778	24,710	24,706	(4)	(72)
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	149	101	95	95	0	(6)
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4	0	XXX
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											(11)	(185)

**SCHEDULE P - PART 3 - SUMMARY**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025		
1. Prior.....	000	5,667	9,060	6,733	19,876	18,586	18,899	20,083	20,083	20,083	XXX	XXX
2. 2016.....	12,641	20,060	23,257	21,583	34,961	35,484	35,930	35,785	35,785	35,785	XXX	XXX
3. 2017.....	XXX	12,754	20,050	19,353	33,919	35,026	36,262	36,156	36,156	36,156	XXX	XXX
4. 2018.....	XXX	XXX	9,080	16,613	31,716	33,588	35,823	35,642	35,642	35,642	XXX	XXX
5. 2019.....	XXX	XXX	XXX	9,192	25,437	27,893	31,350	31,329	31,323	31,326	XXX	XXX
6. 2020.....	XXX	XXX	XXX	XXX	13,693	17,519	21,964	21,806	21,807	21,807	XXX	XXX
7. 2021.....	XXX	XXX	XXX	XXX	XXX	15,562	24,961	24,539	24,668	24,706	XXX	XXX
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	85	86	86	86	XXX	XXX
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX	XXX
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	XXX
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

**SCHEDULE P - PART 4 - SUMMARY**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior.....	(1,314)	(1,214)	(770)	(547)	(182)	(58)	0	0	0	0
2. 2016.....	2,465	412	(95)	46	(147)	(81)	0	0	0	0
3. 2017.....	XXX	4,329	456	(336)	(251)	(194)	0	0	0	0
4. 2018.....	XXX	XXX	5,110	1,221	19	(127)	(26)	(1)	(1)	0
5. 2019.....	XXX	XXX	XXX	3,385	519	(85)	(30)	39	4	0
6. 2020.....	XXX	XXX	XXX	XXX	4,725	906	95	49	7	0
7. 2021.....	XXX	XXX	XXX	XXX	XXX	3,436	270	32	10	0
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	63	1	0	0
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE VERTI INSURANCE COMPANY

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

States, Etc.	1 Active Status (a)	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges Not Included in Premiums	9 Direct Premiums Written for Federal Purchasing Groups (Included in Column 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama	AL	N							
2. Alaska	AK	N							
3. Arizona	AZ	N							
4. Arkansas	AR	N							
5. California	CA	N							
6. Colorado	CO	N							
7. Connecticut	CT	N							
8. Delaware	DE	N							
9. District of Columbia	DC	N							
10. Florida	FL	N							
11. Georgia	GA	N							
12. Hawaii	HI	N							
13. Idaho	ID	N							
14. Illinois	IL	N							
15. Indiana	IN	N							
16. Iowa	IA	N							
17. Kansas	KS	N							
18. Kentucky	KY	N							
19. Louisiana	LA	N							
20. Maine	ME	N							
21. Maryland	MD	N							
22. Massachusetts	MA	N							
23. Michigan	MI	N							
24. Minnesota	MN	N							
25. Mississippi	MS	N							
26. Missouri	MO	N							
27. Montana	MT	N							
28. Nebraska	NE	N							
29. Nevada	NV	N							
30. New Hampshire	NH	N							
31. New Jersey	NJ	N							
32. New Mexico	NM	N							
33. New York	NY	N							
34. North Carolina	NC	N							
35. North Dakota	ND	N							
36. Ohio	OH	L							
37. Oklahoma	OK	N							
38. Oregon	OR	N							
39. Pennsylvania	PA	L	0	0	0	39,784	(9,251)	13,841	0
40. Rhode Island	RI	N							
41. South Carolina	SC	N							
42. South Dakota	SD	N							
43. Tennessee	TN	N							
44. Texas	TX	N							
45. Utah	UT	N							
46. Vermont	VT	N							
47. Virginia	VA	N							
48. Washington	WA	N							
49. West Virginia	WV	N							
50. Wisconsin	WI	N							
51. Wyoming	WY	N							
52. American Samoa	AS	N							
53. Guam	GU	N							
54. Puerto Rico	PR	N							
55. U.S. Virgin Islands	VI	N							
56. Northern Mariana Islands	MP	N							
57. Canada	CAN	N							
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0
59. Totals	XXX	0	0	0	0	39,784	(9,251)	13,841	0
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0

(a) Active Status Counts:

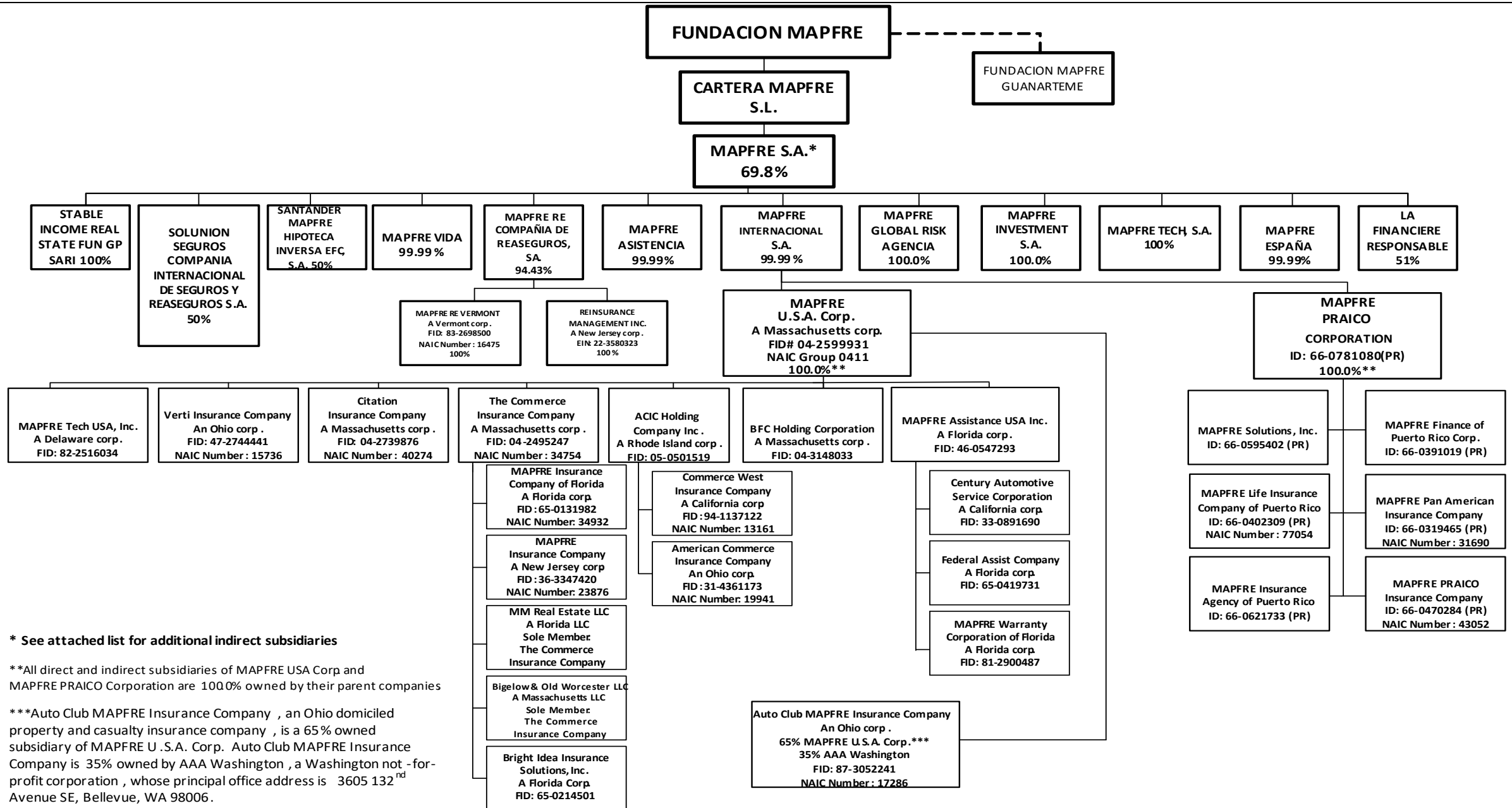
- 1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 2
- 2. R - Registered - Non-domiciled RRGs..... 0
- 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - see DSLI)..... 0
- 4. Q - Qualified - Qualified or accredited reinsurer..... 0
- 5. D - Domestic Surplus Lines Insurer (DSLII) - Reporting entities authorized to write surplus lines in the state of domicile..... 0
- 6. N - None of the above - Not allowed to write business in the state..... 55

(b) Explanation of basis of allocation of premiums by states, etc.

Premiums are allocated to those states where the insured risks are located: principle garage for automobile, physical address for homeowners, commercial multiple peril and other liability.

# SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

## PART 1 – ORGANIZATIONAL CHART



\* See attached list for additional indirect subsidiaries

\*\*All direct and indirect subsidiaries of MAPFRE USA Corp and MAPFRE PRAICO Corporation are 100% owned by their parent companies

\*\*\*Auto Club MAPFRE Insurance Company, an Ohio domiciled property and casualty insurance company, is a 65% owned subsidiary of MAPFRE U.S.A. Corp. Auto Club MAPFRE Insurance Company is 35% owned by AAA Washington, a Washington not-for-profit corporation, whose principal office address is 3605 132<sup>nd</sup> Avenue SE, Bellevue, WA 98006.

COMPANY NAME	% OWNED	ULTIMATE CONTROLLING COMPANY
MAPFRE ASISTENCIA COMPAÑÍA INTERNACIONAL DE SEGUROS Y REASEGUROS, S.A.	99.9970	MAPFRE, S.A.
AFRIQUE ASSISTANCE, S.A.	49.0000	MAPFRE, S.A.
MAWDY, S.A.S.	98.0900	MAPFRE, S.A.
MAWDY S.A.	1.0000	MAPFRE, S.A.
MAWDY, S.A.	83.5823	MAPFRE, S.A.
MAWDY, S.A.	99.0000	MAPFRE, S.A.
MAWDY, S.A. DE C.V	99.9998	MAPFRE, S.A.
GENYO SERVIZI E SOLUZIONI S.R.L	50.0000	MAPFRE, S.A.
MAWDY SERVICES	100.0000	MAPFRE, S.A.
MAWDY, S.A.	98.4200	MAPFRE, S.A.
MAWDY DIGITAL ASSISTANCE SERVICES S.A.	99.9300	MAPFRE, S.A.
MAWDY S.A.S.	1.9100	MAPFRE, S.A.
MAWDY, S.A.	1.5800	MAPFRE, S.A.
INDIA ROADSIDE ASSISTANCE PRIVATE LIMITED	0.3700	MAPFRE, S.A.
NILE ASSIST	1.0000	MAPFRE, S.A.
PARAGUAY ASISTENCIA CIA. DE SERVICIOS S.A.	1.0500	MAPFRE, S.A.
ROADSIDE ASSIST ALGERIE SPA	0.4000	MAPFRE, S.A.
SUR ASISTENCIA, S.A.	1.0000	MAPFRE, S.A.
MAWDY S.A.	2.6683	MAPFRE, S.A.
MAWDY S.A. DE C.V.	0.0100	MAPFRE, S.A.
INDIA ROADSIDE ASSISTANCE PRIVATE LIMITED	99.6300	MAPFRE, S.A.
MAWDY SERVICES LIMITED	100.0000	MAPFRE, S.A.
MAWDY LTDA	99.9900	MAPFRE, S.A.
MAWDY SERVICES S.P.A.	100.0000	MAPFRE, S.A.
MAWDY S.A. DE C.V.	99.9900	MAPFRE, S.A.
MIDDLESEA ASSIST LIMITED	51.0000	MAPFRE, S.A.
NICASSIST, S.A.	100.0000	MAPFRE, S.A.
NILE ASSIST	98.0000	MAPFRE, S.A.
MAWDY S.A.	84.0000	MAPFRE, S.A.
PARAGUAY ASISTENCIA CIA. DE SERVICIOS S.A.	98.9500	MAPFRE, S.A.
MAWDY, S.A.	99.9920	MAPFRE, S.A.
ROADSIDE ASSIST ALGERIE SPA	60.3000	MAPFRE, S.A.
SERVICIOS GENERALES VENEASISTENCIA, S.A.	99.9900	MAPFRE, S.A.
SUR ASISTENCIA, S.A.	99.0000	MAPFRE, S.A.
MAWDY, S.A.	97.3317	MAPFRE, S.A.
MAPFRE ESPAÑA COMPAÑÍA DE SEGUROS Y REASEGUROS S.A.	99.9994	MAPFRE, S.A.
AGROSEGURO	18.3700	MAPFRE, S.A.
MAPFRE ASISTENCIA COMPAÑÍA INTERNACIONAL DE SEGUROS Y REASEGUROS, S.A.	0.0030	MAPFRE, S.A.
AUDATEX ESPAÑA, S.A.	12.5000	MAPFRE, S.A.
BANKINTER SEGUROS GENERALES, CÍA DE SEGUROS Y REASEGUROS S.A.	50.1000	MAPFRE, S.A.
CENTRO DE EXPERIMENTACIÓN Y SEGURIDAD VIAL MAPFRE, S.A.	99.9900	MAPFRE, S.A.
CENTROS MÉDICOS MAPFRE, S.A.	100.0000	MAPFRE, S.A.
SALUD DIGITAL MAPFRE S.A.	2.5000	MAPFRE, S.A.
MULTISERVICIOS MAPFRE MULTIMAP, S.A.	2.5000	MAPFRE, S.A.
CLUB MAPFRE, S.A. (SPAIN)	99.9875	MAPFRE, S.A.
DESARROLLOS HOSPITALARIOS 2024, S.L.	49.9671	MAPFRE, S.A.
FUNESPAÑA, S.A.U.	99.9069	MAPFRE, S.A.
ALL FUNERAL SERVICES, S.L.	100.0000	MAPFRE, S.A.
FUNESPAÑA CHILE, S.A.	50.0000	MAPFRE, S.A.
FUNEUROPA CHILE, S.A.	50.0000	MAPFRE, S.A.
TANATORIUM ZRT	100.0000	MAPFRE, S.A.
FUNESPAÑA DOS, S.L.	100.0000	MAPFRE, S.A.
FUNERARIA ALIANZA CANARIA, S.L.	100.0000	MAPFRE, S.A.
CEMENTERIO PARQUE ANDUJAR, S.A.	100.0000	MAPFRE, S.A.
DE MENA SERVICIOS FUNERARIOS, S.L.	70.0000	MAPFRE, S.A.
EMPRESA MIXTA SERVEIS MUNICIPALS DE TARRAGONA, S.L.	49.0000	MAPFRE, S.A.
FUNERARIA SAN VICENTE, S.L.	50.0000	MAPFRE, S.A.
FUNERARIAS REUNIDAS DEL BIERZO, S.A.	85.8200	MAPFRE, S.A.
INICIATIVAS ALCAÉSAR, S.L.	40.0000	MAPFRE, S.A.
ISABELO ALVAREZ MAYORGA, S.A.	50.0000	MAPFRE, S.A.
NUEVO TANATORIO, S.L.	50.0000	MAPFRE, S.A.
POMPES FÚNEBRES DOMINGO, S.L.	100.0000	MAPFRE, S.A.
SALZILLO SERVICIOS FUNERARIOS, S.L.	45.0000	MAPFRE, S.A.
SERVICIOS FUNERARIOS DE ZARAGOZA, S.L.	70.0000	MAPFRE, S.A.

COMPANY NAME	% OWNED	ULTIMATE CONTROLLING COMPANY
SERVICIOS FUNERARIOS DEL NERVIÓN, S.L.	50.0000	MAPFRE, S.A.
SERVICIOS FUNERARIOS FUNEMADRID, S.A.U.	100.0000	MAPFRE, S.A.
CEMENTERIO JARDÍN DE ALCALA DE HENARES, S.A.	49.0000	MAPFRE, S.A.
SERVICIOS FUNERARIOS LA CARIDAD, S.L.	50.0000	MAPFRE, S.A.
SERVICIOS FUNERARIOS LUCEM S.L.	50.0000	MAPFRE, S.A.
TANATORIO DE ÉCIJA, S.L.	33.3300	MAPFRE, S.A.
TANATORIO SE-30 SEVILLA, S.L.	10.0000	MAPFRE, S.A.
MAWDY DIGITAL ASSISTANCE SERVICES, S.A.	0.0700	MAPFRE, S.A.
MAPFRE AM- SHORT TERM EURO I	40.1788	MAPFRE, S.A.
MAPFRE AM-MULTI ASSET STRATEGY	39.0512	MAPFRE, S.A.
MAPFRE AM-US FORGOTTEN VALUE	30.7042	MAPFRE, S.A.
MAPFRE AUTOMOCIÓN S.A.U	100.0000	MAPFRE, S.A.
CLUB MAPFRE, S.A. (SPAIN)	0.0125	MAPFRE, S.A.
VERTI ASEGURADORA, COMPAÑÍA DE SEGUROS Y REASEGUROS, S.A	0.0009	MAPFRE, S.A.
MAPFRE ENERGÍAS RENOVABLES I, F.C.R.	26.4900	MAPFRE, S.A.
MAPFRE INFRAESTRUCTURAS FCR	5.6700	MAPFRE, S.A.
MAPFRE PRIVATE DBT, FII	31.0710	MAPFRE, S.A.
MAPFRE PRIVATE EQUITY I FCR	28.0800	MAPFRE, S.A.
MAPFRE RE COMPAÑÍA DE REASEGUROS, S.A.	0.0003	MAPFRE, S.A.
MAPFRE SEGUROS GERAIS S.A. (PORTUGAL)	100.0000	MAPFRE, S.A.
JORNADA ANCESTRAL, S.A.	100.0000	MAPFRE, S.A.
MAPFRE SANTANDER PORTUGAL COMPANHIA DE SEGUROS, S.A.	50.0100	MAPFRE, S.A.
MAPFRE SEGUROS DE VIDA S.A.	100.0000	MAPFRE, S.A.
MEAG EUROPE OFFICE SELECT EOS SCSP SICAV-RIAV	22.5000	MAPFRE, S.A.
MEDISEMAP, AGENCIA DE SEGUROS, S.L.	66.6667	MAPFRE, S.A.
MULTISERVICIOS MAPFRE MULTIMAP, S.A.	97.5000	MAPFRE, S.A.
PUY DU FOU ESPAÑA,S.A.	19.8490	MAPFRE, S.A.
SALUD DIGITAL MAPFRE S.A.	97.5000	MAPFRE, S.A.
SALVADOR CAETANO AUTO (SGPS), S.A.	24.6100	MAPFRE, S.A.
SANTANDER MAPFRE SEGUROS Y REASEGUROS S.A	50.0100	MAPFRE, S.A.
SANTANDER ASSURANCE SOLUTIONS, S.A.	33.0000	MAPFRE, S.A.
SIEREF MAPFRE	20.3100	MAPFRE, S.A.
TECNOLOGÍAS DE LA INFORMACIÓN Y REDES PARA LAS ENTIDADES ASEGURADORAS, S.A	22.9506	MAPFRE, S.A.
VERTI ASEGURADORA, COMPAÑÍA DE SEGUROS Y REASEGUROS, S.A	99.9900	MAPFRE, S.A.
MAPFRE INMUEBLES, S.G.A.	82.9732	MAPFRE, S.A.
DESARROLLOS URBANOS CIC. S.A.	99.9216	MAPFRE, S.A.
SERVICIOS INMOBILIARIOS MAPFRE S.A.	0.1000	MAPFRE, S.A.
MAP SL EUROPEAN INVEST SARL	43.1600	MAPFRE, S.A.
MAPAR IMPERIAL 14, S.L.	100.0000	MAPFRE, S.A.
SERVICIOS INMOBILIARIOS MAPFRE S.A.	99.9000	MAPFRE, S.A.
MAPFRE INTERNACIONAL S.A.	99.9999	MAPFRE, S.A.
MAPFRE USA CORPORATION INC	100.0000	MAPFRE, S.A.
ACIC HOLDINGS COMPANY, INC.	100.0000	MAPFRE, S.A.
AMERICAN COMMERCE INSURANCE COMPANY	100.0000	MAPFRE, S.A.
COMMERCE WEST INSURANCE COMPANY	100.0000	MAPFRE, S.A.
AUTO CLUB MAPFRE INSURANCE	65.0000	MAPFRE, S.A.
BFC HOLDING CORPORATION	100.0000	MAPFRE, S.A.
MAPFRE TECH USA CORPORATION	100.0000	MAPFRE, S.A.
CITATION INSURANCE COMPANY	100.0000	MAPFRE, S.A.
VERTI INSURANCE COMPANY	100.0000	MAPFRE, S.A.
MAPFRE ASSISTANCE USA INC.	100.0000	MAPFRE, S.A.
CENTURY AUTOMOTIVE SERVICES COMPANY	100.0000	MAPFRE, S.A.
MAPFRE WARRANTY CORPORATION OF FLORIDA	100.0000	MAPFRE, S.A.
FEDERAL ASSIST COMPANY	100.0000	MAPFRE, S.A.
THE COMMERCE INSURANCE COMPANY	100.0000	MAPFRE, S.A.
BIGELOW & OLD WORCESTER, LLC	100.0000	MAPFRE, S.A.
MAPFRE INSURANCE COMPANY	100.0000	MAPFRE, S.A.
MAPFRE INSURANCE COMPANY OF FLORIDA	100.0000	MAPFRE, S.A.
BRIGHT IDEA INSURANCE SOLUTIONS, INC.	100.0000	MAPFRE, S.A.
MM REAL ESTATE, LLC	100.0000	MAPFRE, S.A.
AMA-ASISTENCIA MEDICA ADMINISTRADA, C.A.	99.7000	MAPFRE, S.A.
APOINT S.A.	100.0000	MAPFRE, S.A.
MAPFRE SEGUROS GENERALES DE COLOMBIA S.A.	6.1425	MAPFRE, S.A.
CESVI COLOMBIA, S.A.	67.7723	MAPFRE, S.A.

COMPANY NAME	% OWNED	ULTIMATE CONTROLLING COMPANY
CREDIMAPFRE S.A.	100.0000	MAPFRE, S.A.
MAPFRE SERVICIOS EXEQUIALES SAS	100.0000	MAPFRE, S.A.
MAPFRE COLOMBIA VIDA SEGUROS S.A.	5.6400	MAPFRE, S.A.
GRUPO CORPORATIVO LML S.A. DE C.V.	100.0000	MAPFRE, S.A.
PROYECTO INSIGNIA	99.4765	MAPFRE, S.A.
INSIGNIA LIFE	100.0000	MAPFRE, S.A.
MAPFRE MÉXICO S.A.	44.3980	MAPFRE, S.A.
MAPFRE COLOMBIA VIDA SEGUROS S.A.	94.3541	MAPFRE, S.A.
MAPFRE SIGORTA, A.S.	99.7450	MAPFRE, S.A.
MAPFRE AMERICA CENTRAL S.A	99.9000	MAPFRE, S.A.
INMOBILIARIA AMERICANA S.A.	78.9000	MAPFRE, S.A.
MAPFRE PANAMÁ S.A.	99.3700	MAPFRE, S.A.
HOSPITAL GENERAL M.D.S. S.A.	100.0000	MAPFRE, S.A.
MAPFRE SEGUROS EL SALVADOR, S.A.	78.1065	MAPFRE, S.A.
MAPFRE SEGUROS HONDURAS S.A.	25.1031	MAPFRE, S.A.
MAPFRE TENEDORA DE ACC, S.A.	100.0000	MAPFRE, S.A.
MAPFRE SEGUROS COSTA RICA S.A.	100.0000	MAPFRE, S.A.
MAPFRE SEGUROS GUATEMALA S.A.	100.0000	MAPFRE, S.A.
MAPFRE SEGUROS HONDURAS S.A.	73.2569	MAPFRE, S.A.
MAPFRE SEGUROS NICARAGUA S.A.	100.0000	MAPFRE, S.A.
MAPFRE ARGENTINA HOLDING S.A.	100.0000	MAPFRE, S.A.
CLUB MAPFRE ARGENTINA S.A.	97.0000	MAPFRE, S.A.
MAPFRE ARGENTINA SEGUROS DE VIDA S.A.	36.0000	MAPFRE, S.A.
CLUB MAPFRE ARGENTINA S.A.	3.0000	MAPFRE, S.A.
MAPFRE ARGENTINA SEGUROS S.A.	99.9900	MAPFRE, S.A.
CESVI ARGENTINA, S.A.	60.6400	MAPFRE, S.A.
MAPFRE ARGENTINA SEGUROS DE VIDA S.A.	64.0000	MAPFRE, S.A.
MAPFRE ATLAS COMPAÑÍA DE SEGUROS, S.A.	78.6418	MAPFRE, S.A.
MAPFRE BRASIL PARTICIPAÇÕES, S.A.	99.1700	MAPFRE, S.A.
BB MAPFRE PARTICIPAÇÕES, S.A.	25,0100(*)	MAPFRE, S.A.
ALIANÇA DO BRASIL SEGUROS, S.A.	100.0000	MAPFRE, S.A.
BRASILSEG COMPANHIA DE SEGUROS S.A.	100.0000	MAPFRE, S.A.
BROTO, S.A.	50.0000	MAPFRE, S.A.
MAWDY LTDA	0.0010	MAPFRE, S.A.
MAPFRE RE DO BRASIL COMPANIA DE REASEGUROS S.A.	0.0001	MAPFRE, S.A.
MAPFRE INVESTMENTS LTDA	100.0000	MAPFRE, S.A.
MAPFRE VERA CRUZ CONSULTORIA E ADMINISTRACAO DE FUNDOS LTDA.	100.0000	MAPFRE, S.A.
MAC INVESTIMENTOS S.A.	100.0000	MAPFRE, S.A.
PROTENSEG CORRETORA DE SEGUROS LTDA	100.0000	MAPFRE, S.A.
MAPFRE PARTICIPAÇÕES, S.A.	100.0000	MAPFRE, S.A.
MAPFRE CAPITALIZAÇÃO S.A.	100.0000	MAPFRE, S.A.
MAPFRE PREVIDENCIA S.A.	100.0000	MAPFRE, S.A.
MAPFRE SEGUROS GERAIS, S.A. (BRAZIL)	100.0000	MAPFRE, S.A.
MAPFRE VIDA S.A.	100.0000	MAPFRE, S.A.
REASEGUROS	50.0000	MAPFRE, S.A.
VIDA S.A.	99.9339	MAPFRE, S.A.
FONDMAPFRE BOLSA MIXTO F.I.	58.9872	MAPFRE, S.A.
GESTIÓN MODA SHOPPING S.A.	99.8215	MAPFRE, S.A.
MAPFRE AM - EUROPEAN EQUITIES	40.5059	MAPFRE, S.A.
MAPFRE AM- IBERIAN EQUITIES	43.8778	MAPFRE, S.A.
MAPFRE INMUEBLES, S.G.A.	7.0279	MAPFRE, S.A.
MEDISEMAP, AGENCIA DE SEGUROS, S.L.	33.3333	MAPFRE, S.A.
MIRACETI S.A.	99.9991	MAPFRE, S.A.
SIREF MANOVA 2	12.6984	MAPFRE, S.A.
SIREF MANOVA 1	19.9000	MAPFRE, S.A.
MAPFRE INVERSION SOCIEDAD DE VALORES S.A.	99.9991	MAPFRE, S.A.
MAPFRE ASSET MANAGEMENT, S.G.I.I.C., S.A	99.9853	MAPFRE, S.A.
SOCIAL FUND	100.0000	MAPFRE, S.A.
DE FONDOS DE PENSIONES S.A.	99.9971	MAPFRE, S.A.
MAPFRE CHILE VIDA, S.A.	100.0000	MAPFRE, S.A.
MAPFRE COMPAÑÍA DE SEGUROS DE VIDA DE CHILE S.A.	99.9900	MAPFRE, S.A.
MAPFRE COMPAÑÍA DE SEGUROS DE VIDA DE CHILE S.A.	0.0032	MAPFRE, S.A.
MAPFRE DOMINICANA S.A.	99.9999	MAPFRE, S.A.
MAPFRE BHD COMPAÑÍA DE SEGUROS, S.A.	51.0000	MAPFRE, S.A.

COMPANY NAME	% OWNED	ULTIMATE CONTROLLING COMPANY
CREDIPRIMAS, S.A.	100.0000	MAPFRE, S.A.
MAPFRE DOMINICANA S.A.	0.0001	MAPFRE, S.A.
MAPFRE SALUD ARS	51.0000	MAPFRE, S.A.
MAPFRE LA SEGURIDAD C.A. DE SEGUROS	99.5159	MAPFRE, S.A.
AUTOMOTRIZ MULTISERVICAR-VENEZUELA, C.A.	97.0000	MAPFRE, S.A.
CENTRO DE FORMACION PROFESIONAL SEGUROS LA SEGURIDAD C.A.	100.0000	MAPFRE, S.A.
CLUB MAPFRE S.A. (VENEZUELA)	100.0000	MAPFRE, S.A.
INVERSORA SEGURIDAD-FINANCIADORA DE PRIMAS, C.A.	100.0000	MAPFRE, S.A.
UNIDAD EDUCATIVA D.R FERNANDO BRAVO PEREZ CA	99.7000	MAPFRE, S.A.
MAPFRE MÉXICO S.A.	55.6602	MAPFRE, S.A.
CESVI MÉXICO, S.A.	16.6700	MAPFRE, S.A.
MAPFRE DEFENSA LEGAL S.A. DE C.V.	100.0000	MAPFRE, S.A.
MAPFRE FIANZAS S.A.	100.0000	MAPFRE, S.A.
MAPFRE SERVICIOS MEXICANOS S.A.	99.9900	MAPFRE, S.A.
MAPFRE TEPEYAC INC.	100.0000	MAPFRE, S.A.
MAPFRE UNIDAD DE SERVICIOS S.A. DE C.V.	99.9982	MAPFRE, S.A.
MAPFRE MIDDLESEA P.L.C.	55.8325	MAPFRE, S.A.
BEE INSURANCE MANAGEMENT LTD	100.0000	MAPFRE, S.A.
EUROMED RISKS SOLUTIONS LIMITED	100.0000	MAPFRE, S.A.
MIDDLESEA ASSIST LIMITED	49.0000	MAPFRE, S.A.
CHURCH WARF PROPERTIES	50.0000	MAPFRE, S.A.
EURO GLOBE HOLDINGS LIMITED	100.0000	MAPFRE, S.A.
MAPFRE M.S.V. LIFE P.L.C.	50.0000	MAPFRE, S.A.
CHURCH WARF PROPERTIES	50.0000	MAPFRE, S.A.
SIEREF MANOVA 2	15.8730	MAPFRE, S.A.
MAPFRE PARAGUAY COMPAÑÍA DE SEGUROS S.A.	89.5400	MAPFRE, S.A.
MAPFRE PERÚ COMPAÑÍA DE SEGUROS Y REASEGUROS S.A.	99.5900	MAPFRE, S.A.
CORPORACIÓN FUNERARIA, S.A.	100.0000	MAPFRE, S.A.
MAPFRE PERÚ ENTIDAD PRESTADORA DE SALUD	100.0000	MAPFRE, S.A.
MAPFRE SEGUROS GENERALES DE COLOMBIA S.A.	93.8525	MAPFRE, S.A.
MAPFRE S.E.M. SA	100.0000	MAPFRE, S.A.
MAPFRE URUGUAY SEGUROS S.A.	100.0000	MAPFRE, S.A.
VERTI ASSICURIZIONI S.P.A.	99.9980	MAPFRE, S.A.
VERTI VERSICHERUNG AG	100.0000	MAPFRE, S.A.
MAPFRE PRAICO CORPORATION	100.0000	MAPFRE, S.A.
MAPFRE FINANCE OF PUERTO RICO CORP.	100.0000	MAPFRE, S.A.
MAPFRE INSURANCE AGENCY OF PUERTO RICO, INC.	100.0000	MAPFRE, S.A.
MAPFRE LIFE INSURANCE COMPANY OF PUERTO RICO	100.0000	MAPFRE, S.A.
MAPFRE PAN AMERICAN INSURANCE COMPANY	100.0000	MAPFRE, S.A.
MAPFRE PRAICO INSURANCE COMPANY	100.0000	MAPFRE, S.A.
MAPFRE SOLUTIONS, INC	100.0000	MAPFRE, S.A.
MAPFRE CHILE ASESORÍAS, S.A	0.0001	MAPFRE, S.A.
MAPFRE COMPAÑÍA DE SEGUROS GENERALES DE CHILE S.A.	12.7100	MAPFRE, S.A.
MAPFRE CHILE SEGUROS S.A.	100.0000	MAPFRE, S.A.
MAPFRE CHILE ASESORÍAS, S.A	99.9900	MAPFRE, S.A.
MAPFRE COMPAÑÍA DE SEGUROS GENERALES DE CHILE S.A.	87.2900	MAPFRE, S.A.
HUMANA	99.9995	MAPFRE, S.A.
OTHER GROUP COMPANIES		
MAPFRE AM- IBERIAN EQUITIES	6.5869	MAPFRE, S.A.
MAPFRE AM- SHORT TERM EURO I	3.5927	MAPFRE, S.A.
MAPFRE AM-MULTI ASSET STRATEGY	11.5538	MAPFRE, S.A.
MAPFRE AM-US FORGOTTEN VALUE	14.6100	MAPFRE, S.A.
MAPFRE INFRAESTRUCTURAS FCR	19.0500	MAPFRE, S.A.
MAPFRE PRIVATE DBT, FII	20.9733	MAPFRE, S.A.
STABLE INCOME EUROPEAN REAL ESTATE FUND	8.4500	MAPFRE, S.A.
FONDMAPFRE GARANTIA III, F.I.	0.0000	MAPFRE, S.A.
MAPFRE PRIVATE EQUITY I FCR	10.6800	MAPFRE, S.A.
SIEREF MAPFRE	25.6000	MAPFRE, S.A.
SIEREF MANOVA 1	8.4500	MAPFRE, S.A.
SIEREF MANOVA 2	19.0476	MAPFRE, S.A.
MAPFRE ENERGIAS RENOVABLES I, F.C.R.	27.9300	MAPFRE, S.A.
ENERGIAS RENOVABLES IBERMAP, S.L.	49.0000	MAPFRE, S.A.
MAPFRE RE COMPAÑÍA DE REASEGUROS, S.A.	94.4265	MAPFRE, S.A.
INMOBILIARIA PRESIDENTE FIGUEROA ALCORTA, S.A.	99.9985	MAPFRE, S.A.

COMPANY NAME	% OWNED	ULTIMATE CONTROLLING COMPANY
MAPFRE AM- SHORT TERM EURO I	55.3715	MAPFRE, S.A.
MAPFRE AM-MULTI ASSET STRATEGY	49.3950	MAPFRE, S.A.
MAPFRE AM-US FORGOTTEN VALUE	20.5281	MAPFRE, S.A.
MAPFRE CHILE REASEGUROS, S.A.	99.9900	MAPFRE, S.A.
C R ARGENTINA, S.A.	99.9900	MAPFRE, S.A.
CAJA REASEGURADORA DE CHILE S.A.	99.8467	MAPFRE, S.A.
MAPFRE EURO BONDS FUND	100.0000	MAPFRE, S.A.
MAPFRE INFRAESTRUCTURAS FCR	6.5600	MAPFRE, S.A.
MAPFRE PRIVATE DBT, FII	32.3244	MAPFRE, S.A.
MAPFRE PRIVATE EQUITY I FCR	35.7600	MAPFRE, S.A.
MAPFRE RE DO BRASIL COMPAÑÍA DE REASEGUROS S.A.	99.9999	MAPFRE, S.A.
MAPFRE RE ESCRITORIO DE REPRESENTACION COMPAÑÍA DE REASEGUROS	0.0001	MAPFRE, S.A.
MAPFRE RE ESCRITORIO DE REPRESENTACION COMPAÑÍA DE REASEGUROS	99.9999	MAPFRE, S.A.
MAPFRE RE VERMONT CORPORATION	100.0000	MAPFRE, S.A.
REINSURANCE MANAGEMENT INC.	100.0000	MAPFRE, S.A.
MAP SL EUROPEAN INVEST SARL	6.8400	MAPFRE, S.A.
MEAG EUROPE OFFICE SELECT EOS SCSP SICAV-RIAV	22.5000	MAPFRE, S.A.
REINSURANCE MANAGMENT INC.	100.0000	MAPFRE, S.A.
RISK MED SOLUTIONS, S.L.	100.0000	MAPFRE, S.A.
SERVICIOS GENERALES VENEASISTENCIA, S.A.	0.0020	MAPFRE, S.A.
SIEREF MAPFRE	40.3600	MAPFRE, S.A.
OLIFAN INMO 18 OPC	72.8205	MAPFRE, S.A.
SWISSLIFE SPPICAV	50.0000	MAPFRE, S.A.
SIEREF MANOVA 1	16.2600	MAPFRE, S.A.
MAPFRE ENERGIAS RENOVABLES I, F.C.R.	25.3600	MAPFRE, S.A.
MAPFRE INMUEBLES, S.G.A.	9.9983	MAPFRE, S.A.
ALMA MUNDI INSURTECH FUND, FCRE	24.9400	MAPFRE, S.A.
ALMA MUNDI INSURTECH II FUND, FCRE	35.4700	MAPFRE, S.A.
LA FINANCIERE RESPONSABLE	51.0000	MAPFRE, S.A.
MEAG EUROPE OFFICE SELECT EOS SCSP SICAV-RIAV	5.0000	MAPFRE, S.A.
SANTANDER MAPFRE HIPOTECA INVERSA EFC, S.A.	50.0000	MAPFRE, S.A.
Solunion Seguros Compania Internacional De Seguros Y Reaseguros S.A.	50.0000	MAPFRE, S.A.
STABLE INCOME REAL STATE FUN GP S.A.R.I.	100.0000	MAPFRE, S.A.
MAPFRE GLOBAL RISK AGENCIA DE SUSCRIPCION	100.0000	MAPFRE, S.A.
MAPFRE INTERNACIONAL S.A.	0.0001	MAPFRE, S.A.
MAPFRE INVESTMENT S.A.	100.0000	MAPFRE, S.A.
MAPFRE BRASIL PARTICIPAÇÕES, S.A.	0.8300	MAPFRE, S.A.
MAPFRE TECH, S.A.	100.0000	MAPFRE, S.A.
MAPFRE ESPAÑA COMPAÑÍA DE SEGUROS Y REASEGUROS S.A.	0.0006	MAPFRE, S.A.
MAPFRE VIDA SOCIEDAD ANONIMA DE SEGUROS Y REASEGUROS SOBRE LA VIDA HUMANA	0.0005	MAPFRE, S.A.
ROADSIDE ASSIST ALGERIE SPA	0.3000	MAPFRE, S.A.
NILE ASSIST	1.0000	MAPFRE, S.A.
CENTRO DE EXPERIMENTACIÓN Y SEGURIDAD VIAL MAPFRE, S.A.	0.0018	MAPFRE, S.A.
CONSULTORA ACTUARIAL Y DE PENSIONES MAPFRE VIDA S.A.	0.0600	MAPFRE, S.A.
GESTION MODA SHOPPING S.A.	0.1785	MAPFRE, S.A.
MAPFRE INVERSION SOCIEDAD DE VALORES S.A.	0.0009	MAPFRE, S.A.
MIRACETI, S.A.	0.0009	MAPFRE, S.A.
MAPFRE ASSET MANAGEMENT, S.G.I.C, S.A.	0.0147	MAPFRE, S.A.
MAPFRE VIDA PENSIONES, ENTIDAD GESTORA DE FONDOS DE PENSIONES S.A.	0.0029	MAPFRE, S.A.
DESARROLLOS URBANOS CIC. S.A.	0.0700	MAPFRE, S.A.
VERTI ASSICURIZIONI SPA	0.0012	MAPFRE, S.A.

**NONE**