



# QUARTERLY STATEMENT

As of June 30, 2017  
of the Condition and Affairs of the

## Medical Malpractice Joint Underwriting Association of Rhode Island

NAIC Group Code..... 0, 0 (Current Period) (Prior Period)	NAIC Company Code..... 13101	Employer's ID Number..... 51-0140354
Organized under the Laws of RI Incorporated/Organized..... June 16, 1975	State of Domicile or Port of Entry RI Commenced Business..... July 1, 1975	Country of Domicile US
Statutory Home Office	One Turks Head Place..... Providence ..... RI ..... 02903 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	
Main Administrative Office	One Turks Head Place..... Providence ..... RI ..... 02903 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	401-369-8240 <i>(Area Code) (Telephone Number)</i>
Mail Address	One Turks Head Place..... Providence ..... RI ..... 02903 <i>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</i>	
Primary Location of Books and Records	One Turks Head Place..... Providence ..... RI ..... 02903 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	401-369-8240 <i>(Area Code) (Telephone Number)</i>
Internet Web Site Address		
Statutory Statement Contact	Jerilynn Leahy <i>(Name)</i> jleahy@beecher-carlson.com <i>(E-Mail Address)</i>	401-369-8245 <i>(Area Code) (Telephone Number) (Extension)</i> 401-369-8241 <i>(Fax Number)</i>

### OFFICERS

Name	Title	Name	Title
1. Larry Alan	Secretary	2. Robert Suglia	Chair
3. Jerilynn Leahy	Assistant Secretary	4. Timothy Knapp	Vice Chair

### OTHER

### DIRECTORS OR TRUSTEES

Daniel Wright	Krista Tropea	James Pascalides DPM	Robert Suglia
Earl Cottam Jr.	Timothy Knapp	Don Baldini	Larry Alan
Barbara M Cavicchio DDS			

State of..... Connecticut  
County of..... Tolland

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Larry Alan	Robert Suglia	Jerilynn Leahy
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Secretary	Chair	Assistant Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me  
This 7<sup>th</sup> day of August 2017

For Larry Alan only

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



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Internet Web Site Address		
Statutory Statement Contact	Jerilynn Leahy <i>(Name)</i> jleahy@beechercarlson.com <i>(E-Mail Address)</i>	401-369-8245 <i>(Area Code) (Telephone Number) (Extension)</i> 401-369-8241 <i>(Fax Number)</i>

### OFFICERS

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### OTHER

### DIRECTORS OR TRUSTEES

Daniel Wright	Krista Tropea	James Pascalides DPM	Robert Suglia
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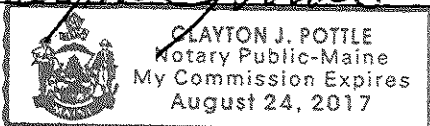
State of..... Rhode Island  
County of..... Providence

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

_____ (Signature) Larry Alan 1. (Printed Name) Secretary (Title)	_____ (Signature) Robert Suglia 2. (Printed Name) Chair (Title)	 (Signature) Jerilynn Leahy 3. (Printed Name) Assistant Secretary (Title)
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Subscribed and sworn to before me  
This 4<sup>th</sup> day of August, 2017

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





**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	92,123,136		92,123,136	92,859,398
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....946,891), cash equivalents (\$....524,583) and short-term investments (\$....1,009,736).....	2,481,210		2,481,210	2,863,648
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....	57,393,644		57,393,644	54,936,195
9. Receivables for securities.....	46		46	121
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	151,998,036	0	151,998,036	150,659,362
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	1,415,362		1,415,362	1,432,036
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	4,277		4,277	112,533
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	227,000		227,000	177,457
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	351,739
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			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	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other than invested assets.....	24,946	0	24,946	22,541
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	153,669,621	0	153,669,621	152,755,668
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	153,669,621	0	153,669,621	152,755,668

**DETAILS OF WRITE-INS**

1101.....			0	
1102.....			0	
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Miscellaneous Accounts Receivable.....	1,859		1,859	2,366
2502. Prepaid Losses.....			0	
2503. Prepaid premium tax.....	23,087		23,087	20,175
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	24,946	0	24,946	22,541

**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Statement Date	2 December 31 Prior Year
1. Losses (current accident year \$.....1,222,375).....	32,924,813	36,529,393
2. Reinsurance payable on paid losses and loss adjustment expenses.....		
3. Loss adjustment expenses.....	11,010,558	12,095,686
4. Commissions payable, contingent commissions and other similar charges.....	65,293	60,479
5. Other expenses (excluding taxes, licenses and fees).....	127,839	184,460
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....		
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....	1,507,729	
7.2 Net deferred tax liability.....	585,688	246,409
8. Borrowed money \$.....0 and interest thereon \$.....0.....		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$.....0 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act).....	2,037,501	1,933,134
10. Advance premium.....	54,663	62,155
11. Dividends declared and unpaid:		
11.1 Stockholders.....		
11.2 Policyholders.....		
12. Ceded reinsurance premiums payable (net of ceding commissions).....		
13. Funds held by company under reinsurance treaties.....		
14. Amounts withheld or retained by company for account of others.....	1,707,872	1,711,187
15. Remittances and items not allocated.....		
16. Provision for reinsurance (including \$.....0 certified).....		
17. Net adjustments in assets and liabilities due to foreign exchange rates.....		
18. Drafts outstanding.....		
19. Payable to parent, subsidiaries and affiliates.....		
20. Derivatives.....		
21. Payable for securities.....		
22. Payable for securities lending.....		
23. Liability for amounts held under uninsured plans.....		
24. Capital notes \$.....0 and interest thereon \$.....0.....		
25. Aggregate write-ins for liabilities.....	645	1,490,639
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	50,022,601	54,313,542
27. Protected cell liabilities.....		
28. Total liabilities (Lines 26 and 27).....	50,022,601	54,313,542
29. Aggregate write-ins for special surplus funds.....	0	0
30. Common capital stock.....		
31. Preferred capital stock.....		
32. Aggregate write-ins for other than special surplus funds.....	0	0
33. Surplus notes.....		
34. Gross paid in and contributed surplus.....		
35. Unassigned funds (surplus).....	103,647,020	98,442,126
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 30 \$.....0).....		
36.2 .....0.000 shares preferred (value included in Line 31 \$.....0).....		
37. Surplus as regards policyholders (Lines 29 to 35, less 36).....	103,647,020	98,442,126
38. Totals (Page 2, Line 28, Col. 3).....	153,669,621	152,755,668

**DETAILS OF WRITE-INS**

2501. Unearned Finance Charge.....		
2502. Premium Deficiency Reserve.....		
2503. Losses Payable.....	645	1,490,639
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	645	1,490,639
2901. ....		
2902. ....		
2903. ....		
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0
2999. Totals (Lines 2901 thru 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 thru 3203 plus 3298) (Line 32 above).....	0	0

**STATEMENT OF INCOME**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct..... (written \$.....982,186).....	877,819	1,237,107	2,338,043
1.2 Assumed..... (written \$.....0).....			
1.3 Ceded..... (written \$.....0).....			
1.4 Net..... (written \$.....982,186).....	877,819	1,237,107	2,338,043
DEDUCTIONS:			
2. Losses incurred (current accident year \$.....1,222,375):			
2.1 Direct.....	(2,981,344)	(2,042,151)	(1,860,702)
2.2 Assumed.....			
2.3 Ceded.....			
2.4 Net.....	(2,981,344)	(2,042,151)	(1,860,702)
3. Loss adjustment expenses incurred.....	(580,102)	(139,668)	197,594
4. Other underwriting expenses incurred.....	728,856	860,968	1,691,374
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	(2,832,590)	(1,320,851)	28,266
7. Net income of protected cells.....			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	3,710,409	2,557,958	2,309,777
<b>INVESTMENT INCOME</b>			
9. Net investment income earned.....	2,450,657	2,472,736	5,009,688
10. Net realized capital gains (losses) less capital gains tax of \$.....442,968.....	859,879	348,539	605,696
11. Net investment gain (loss) (Lines 9 + 10).....	3,310,536	2,821,275	5,615,384
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....	0		
13. Finance and service charges not included in premiums.....	9,360	15,631	23,256
14. Aggregate write-ins for miscellaneous income.....	(536,000)	(670,000)	(569,500)
15. Total other income (Lines 12 through 14).....	(526,640)	(654,369)	(546,244)
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	6,494,305	4,724,864	7,378,917
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).....	6,494,305	4,724,864	7,378,917
19. Federal and foreign income taxes incurred.....	1,616,500	1,180,122	1,597,132
20. Net income (Line 18 minus Line 19) (to Line 22).....	4,877,805	3,544,742	5,781,785
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year.....	98,442,126	92,800,252	92,800,252
22. Net income (from Line 20).....	4,877,805	3,544,742	5,781,785
23. Net transfers (to) from Protected Cell accounts.....			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$..... 226,565.....	439,803	(172,286)	191,888
25. Change in net unrealized foreign exchange capital gain (loss).....			
26. Change in net deferred income tax.....	(112,714)	(118,698)	(331,799)
27. Change in nonadmitted assets.....			
28. Change in provision for reinsurance.....			
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.....			
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.....			
37. Aggregate write-ins for gains and losses in surplus.....	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37).....	5,204,894	3,253,758	5,641,874
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	103,647,020	96,054,010	98,442,126

**DETAILS OF WRITE-INS**

0501. Change in Premium Deficiency Reserve.....			
0502. ....			
0503. ....			
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	0	0	0
1401. Gain or loss on retroactive reinsurance.....	(536,000)	(670,000)	(569,500)
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	(536,000)	(670,000)	(569,500)
3701. ....			
3702. ....			
3703. ....			
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above).....	0	0	0

# Medical Malpractice Joint Underwriting Association of Rhode Island

## CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CASH FROM OPERATIONS</b>			
1. Premiums collected net of reinsurance.....	1,033,407	1,207,248	2,143,627
2. Net investment income.....	2,654,350	2,750,369	5,523,810
3. Miscellaneous income.....	(532,360)	(653,944)	(563,003)
4. Total (Lines 1 through 3).....	3,155,397	3,303,673	7,104,434
5. Benefit and loss related payments.....	2,113,229	1,098,014	3,387,940
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	1,285,689	1,477,072	1,376,241
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.00 tax on capital gains (losses).....	200,000	(50,000)	890,000
10. Total (Lines 5 through 9).....	3,598,918	2,525,086	5,654,181
11. Net cash from operations (Line 4 minus Line 10).....	(443,521)	778,587	1,450,253
<b>CASH FROM INVESTMENTS</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	5,549,250	9,044,010	19,571,937
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....	75	323,425	
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	5,549,325	9,367,435	19,571,937
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	4,899,021	10,009,888	18,847,952
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....	589,221	536,259	1,166,051
13.7 Total investments acquired (Lines 13.1 to 13.6).....	5,488,242	10,546,147	20,014,003
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	61,083	(1,178,712)	(442,066)
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....			
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	0	0	0
<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 Line 15 plus Line 17).....	(382,438)	(400,125)	1,008,187
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	2,863,648	1,855,461	1,855,461
19.2 End of period (Line 18 plus Line 19.1).....	2,481,210	1,455,336	2,863,648
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001 .....			

**NOTES TO FINANCIAL STATEMENTS****Note 1 - Summary of Significant Accounting Policies**

Medical Malpractice Joint Underwriting Association of Rhode Island ("the Association") is a joint underwriting association created by the state of Rhode Island. The Association was originally created in accordance with RI Gen. Law 42-35-3 by the adoption of Emergency Regulation XXI(21) by the Department of Business Regulation (the "Department") effective June 16, 1975. Subsequently, legislation was enacted which authorized the Department to promulgate regulations relating to medical malpractice insurance and validated Emergency Regulation XXI(21). It was the intent of the Department that the Association provides a continuing stable facility for medical malpractice insurance. Under the original plan of operation (approved June 25, 1975) and as amended and approved by the department on November 10, 2003, the Association was created to provide medical malpractice insurance for physicians, hospitals and other health care providers, on a self-supporting basis.

The Association is authorized to issue medical malpractice policies on a "claims made" or "occurrence" basis with limits not to exceed \$1,000,000 for each medical incident under one policy and in the aggregate of \$3,000,000 under one policy in any one year. The Association is also authorized to underwrite incidental coverage's for any health care provider that is also covered by the Association's medical malpractice, with limits of \$1,000,000 per incident and \$1,000,000 aggregate under a one year policy. Additionally, the Association is authorized to provide Commercial General Liability coverage to the health care providers with limits of \$1,000,000 per incident and \$2,000,000 aggregate under a one year policy. All policies are on an annual basis and shall be subject to the Group Retrospective Rating Plan and Stabilization Reserve Fund as authorized by Regulation 21. The Group Retrospective Rating Plan and stabilization reserve fund are described under Note 24.

## A. Accounting Practices, impact of NAIC/state differences

	SSAP #	F/S Page	F/S Line #	Current Period	2016
<b>NET INCOME</b>					
(1) Medical Malpractice Joint Underwriting Association of Rhode Island state basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ 4,877,805	\$ 5,781,785
(2) State Prescribed Practice that is an increase/(decrease) from NAIC SAP					
(3) State Permitted Practice that is an increase/(decrease) from NAIC SAP					
(4) NAIC SAP (1 - 2 - 3 = 4)	XXX	XXX	XXX	\$ 4,877,805	\$ 5,781,785
<b>SURPLUS</b>					
(5) Medical Malpractice Joint Underwriting Association of Rhode Island state basis (Page 3, line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 103,647,020	\$ 98,442,126
(6) State Prescribed Practice that is an increase/(decrease) from NAIC SAP					
(7) State Permitted Practice that is an increase/(decrease) from NAIC SAP					
(8) NAIC SAP (5 - 6 - 7 = 8)	XXX	XXX	XXX	\$ 103,647,020	\$ 98,442,126

The accompanying financial statements of the Association have been prepared in conformity with accounting practices prescribed or permitted by the Department. Prescribed accounting practices include state laws, regulations and general administrative rules applicable to insurance companies domiciled in the State of Rhode Island; National Association of Insurance Commissioners' ("NAIC") *Annual Statement Instructions*; the NAIC *Accounting Practices and Procedures Manual*; the *Purposes and Procedures* and *Securities Valuation Manuals* of the NAIC Securities Valuation Office; NAIC official proceedings; and the NAIC *Examiner's and Market Conduct Handbooks*. Permitted statutory accounting practices encompass all accounting practices not so prescribed.

The Department requires insurance companies domiciled in the State of Rhode Island to prepare their statutory financial statements in accordance with the NAIC Accounting Practices and Procedures Manual and subject to Rhode Island Department of Business Regulation Gen. Law 42-35-3.

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

The preparation of financial statements in accordance with statutory accounting practices requires management to make estimates and assumptions that affect the reported amounts of admitted assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

## C. Accounting Policies

The Company uses the following accounting policies:

1. Short-term investments are stated at amortized cost.
2. Bonds generally are stated at amortized cost, except for bonds that are rated by the NAIC as a class 3 - 6 which are reported at the lower of amortized cost or fair market value. Amortization is calculated using the scientific constant yield to worst method.



## **NOTES TO FINANCIAL STATEMENTS**

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3. The Association holds no investments in common stocks.
4. The Association holds no investments in preferred stocks.
5. The Association holds no investments in first lien mortgage loans on real estate.
6. Investment grade loan-backed securities are stated at amortized value. The retrospective adjustment method is used to value all loan-backed securities. Non-investment grade loan-backed securities are stated at the lower of amortized value or fair value.
7. The Association has no subsidiaries.
8. The Association holds no interest in joint ventures or partnerships.
9. The Association does not invest in derivative instruments.
10. The Association does not have a premium deficiency reserve.
11. The reserve for unpaid losses and loss adjustment expenses represents the estimated unpaid ultimate liability for claims reported to the Association plus claims incurred but not yet reported and the related estimated loss adjustment expenses. In establishing this reserve, the Association utilizes the findings of an independent consulting actuary. The reserves for unpaid losses and loss adjustment expenses are estimated using individual case basis valuations and statistical analyses. Those estimates are subject to the effects of trends in loss severity and frequency.
12. The Association does not have a capitalization policy.
13. Not applicable as the Association does not write major medical insurance with prescription drug coverage.

### **Note 2 - Accounting Changes and Corrections of Errors**

No significant change

### **Note 3 - Business Combinations and Goodwill**

Not applicable

### **Note 4 - Discontinued Operations**

Not applicable

### **Note 5 - Investments**

Not applicable

### **Note 6 - Joint Ventures, Partnerships and Limited Liability Companies**

Not applicable

### **Note 7 - Investment Income**

- A. The company does not admit investment income due and accrued if amounts are over 90 days past due (180 days for mortgage loans).
- B. Not applicable

### **Note 8 - Derivative Instruments**

Not applicable

### **Note 9 - Income Taxes**

No significant change

### **Note 10 - Information Concerning Parent, Subsidiaries and Affiliates**

Not applicable

### **Note 11 - Debt**

Not applicable

### **Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

Not applicable

**NOTES TO FINANCIAL STATEMENTS****Note 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations**

Not applicable

**Note 14 - Contingencies**

- A. Not applicable
- B. Not applicable
- C. Not applicable
- D. The association is contingently liable under certain structured settlement agreements. These unassigned annuity agreements were purchased for 31 claimants. In many of these cases, these structured settlements require payments in 2015 and beyond. The contingent liability reserve is verified with the annuity carriers and updated annually. The Association currently has one annuity with Executive Life Insurance of New York (ELNY) purchased prior to 1985 where ELNY has been in rehabilitation since 1991. On September 1, 2011, the Superintendent of Insurance for the State of New York petitioned the Supreme Court of Nassau County, New York, for an Approval of Restructuring Agreement for ELNY. Based on this petition, an Order to show cause hearing was held on March 15, 2012 as to why orders should not be made declaring ELNY to be insolvent, and converting the rehabilitation proceeding to a liquidation proceeding. On April 16, 2012, a move to liquidation was approved. It has been determined that the Association will be liable for 60.4% of this annuity value. The Association obtained quotes on purchasing a replacement annuity with qualified assignment and release, however, in evaluating the cost of such an annuity, the Association determined that it was financially prudent to retain the liability at this time and consider looking at alternatives in the future. During 2013, the Association booked its liability for the annuity, amounting to \$4,613,681. All annuities purchased after 1985 included a uniform qualified assignment and release from all future obligations. (See Note 27)
- E. Not applicable
- F. Not applicable

**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**

Not applicable

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

Not applicable

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

The Association uses Beecher Carlson Insurance Services LLC as managing general agent. The FEIN for Beecher Carlson Insurance Services LLC is 95-3679538. Beecher Carlson Insurance Services LLC has an exclusive contract for all medical malpractice and general liability business written. The total direct premiums written in 2017 equal \$982,186. The terms of the contract give Beecher Carlson Insurance Services LLC authority for premium collection (P), claims adjustment (CA), claims payment (C), binding (B), reinsurance ceding (R) and underwriting authority (U).

**Note 20 - Fair Value Measurement****A. 1. Inputs Used for Assets and Liabilities Measured at Fair Value**

The Company has categorized its assets and liabilities that are measured at fair value into the three-level fair value hierarchy as reflected in the table below. The three-level fair value hierarchy is based on the degree of subjective inherent in the valuation method by which fair value was determined. The three levels are defined as follows.

Level 1- Quoted Prices in Active Markets for Identical Assets and Liabilities: This category, for items measured at fair value on a recurring basis, includes exchange-traded preferred and common stocks. It also includes derivative liabilities for written call options on common stock which are also exchange traded. The estimated fair value of the equity securities and derivatives within this category are based on quoted prices in active markets and are thus classified as Level 1.

Level 2 - Significant Other Observable Inputs: This category for items measured at fair value on a recurring basis includes bonds, preferred stocks and common stocks which are not exchange-traded. The estimated fair values of some of these items were determined by independent pricing services using observable inputs. Others were based on quotes from markets which were not considered actively traded.

Level 3 - Significant Unobservable Inputs: The Company has no assets or liabilities measured at fair value in this category.

**NOTES TO FINANCIAL STATEMENTS**

<b>Assets Measured at Fair Value</b>	<b><u>Level 1</u></b>	<b><u>Level 2</u></b>	<b><u>Level 3</u></b>	<b><u>Total</u></b>
Bonds	0	64,277	0	64,277

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 between Levels 1 and 2. This policy also applies to transfers into or out of Level 3 as stated in paragraph 3 below.

## 2. Rollforward of Level 3 Items

The Company has no assets or liabilities measured at fair value in the Level 3 category.

## 3. Policy on Transfers Into and Out of Level 3

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 Level 3. During the current year, no transfers into or out of Level 3 were required.

## 4. Inputs and Techniques Used for Level 2 and Level 3 Fair Values

The Company measures items at Level 2 on a recurring basis. The estimated fair values of some of these items were determined by independent pricing services using observable inputs. Others were based on quotes from markets which were not considered actively traded.

The Company has no assets or liabilities measured at fair value in the Level 3 category.

## 5. Derivative Fair Values

Not applicable

## B. Other Fair Value Disclosures

Not applicable

## C. Fair Values for All Financial Instruments by Levels 1, 2 and 3

The table below reflects the fair values and admitted values of all admitted assets and liabilities that are financial instruments. The fair values are also categorized into the three-level fair value hierarchy as described above in Note 20A.

<b>Type of Financial Instrument</b>	<b>Fair Value</b>	<b>Admitted Value</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Not Practical (Carrying Value)</b>
Financial Instruments - assets						
Bonds	97,188,339	92,123,136	-	97,188,339	-	-
Cash, cash equivalents and short-term investments	2,481,210	2,481,210	2,481,210	-	-	-
Other invested assets	57,917,123	57,393,643	16,103,243	41,813,880	-	-
Total assets	157,586,672	151,997,989	18,584,453	139,002,219	-	-

## D. Financial Instruments for which Not Practicable to Estimate Fair Values

Not applicable

**Note 21 - Other Items**

## A. Extraordinary items

Not applicable

## B. Troubled debt restructuring for debtors

Not applicable

## C. Other disclosures

Not applicable

## D. Uncollectable premiums receivable

Not applicable

**NOTES TO FINANCIAL STATEMENTS**

## E. Business interruption insurance recoveries

Not applicable

## F. State transferable and non-transferrable tax credits

Not applicable

## G. Subprime mortgage related risk exposure

(1) The Company's exposure to subprime lending in the fixed maturity (bond) investment portfolio which contains securities collateralized by mortgages that have characteristics of subprime lending such as low FICO score, adjustable rate mortgages and alternative documentation mortgages. These investments are in the form of asset-backed securities and collateralized mortgage obligations which are collateralized by subprime mortgages. The carrying value of these investments is approximately \$64 thousand as of June 30, 2017.

(2) Direct exposure through investments in subprime mortgage loans (Schedule B)

Not applicable

(3) Direct exposure through other investments

	<b>Amortized Cost</b>	<b>Book/Adj. Carry Value</b>	<b>Fair Mkt Value</b>	<b>OTTI Recognized</b>
Residential MBS Sub Prime	64,683	64,277	64,277	

**Note 22 - Events Subsequent**

Not applicable

**Note 23 - Reinsurance**

## A. Unsecured Reinsurance Recoverables

Not applicable

## B. Reinsurance Recoverable in Dispute

Not applicable

## C. Reinsurance Assumed and Ceded

Not applicable

## D. Uncollectable Reinsurance

Not applicable

## E. Commutation of Ceded Reinsurance

Not applicable

## F. Retroactive Reinsurance

No significant change

## G. Reinsurance Accounted for as a Deposit

Not applicable

## H. Run-off Agreements

Not applicable

## I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not applicable

**Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination**

No significant change

**NOTES TO FINANCIAL STATEMENTS****Note 25 - Changes in Incurred Losses and Loss Adjustment Expenses**

Activity in the liability for unpaid losses and LAE is summarized as follows:

Losses & LAE (000's omitted)	6/30/2017	12/31/2016
Unpaid losses and LAE at beginning of year	48,625	54,734
Losses and LAE incurred in current year:	(3,562)	(1,633)
Income Statement amounts	(3,562)	(1,663)
Losses and LAE paid in current year:	(1,128)	(4,446)
Underwriting exhibits paid amounts	(1,128)	(4,446)
Unpaid losses and LAE at end of period	43,935	48,625

**Note 26 - Intercompany Pooling Arrangements**

Not applicable

**Note 27 - Structured Settlements**

- A. No significant change
- B. No significant change

**Note 28 - Health Care Receivables**

Not applicable

**Note 29 - Participating Policies**

Not applicable

**Note 30 - Premium Deficiency Reserves**

Not applicable

**Note 31 - High Deductibles**

Not applicable

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

Not applicable

**Note 33 - Asbestos/Environmental Reserves**

Not applicable

**Note 34 - Subscriber Savings Accounts**

Not applicable

**Note 35 - Multiple Peril Crop Insurance**

Not applicable

**Note 36 - Financial Guarantee Insurance**

Not applicable

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**GENERAL**

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]
- 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 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? If yes, complete Schedule Y, Parts 1 and 1A. Yes [ ] No [X]
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]
- 4.2 If yes, provide name of 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

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation. Yes [ ] No [X] N/A [ ]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015
- 6.2 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. 12/31/2010
- 6.3 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). 04/11/2012
- 6.4 By what department or departments?  
State of Rhode Island Department of Business Regulation, Insurance Division
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [ ] N/A [ ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [ ] N/A [ ]
- 7.1 Has this 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]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [ ] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [X]
- 8.4 If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal 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

- 9.1 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.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

**FINANCIAL**

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

## GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

## INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [X]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0

13. Amount of real estate and mortgages held in short-term investments: \$ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No [X]

14.2 If yes, please complete the following:

	1 Prior Year End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$ 0	\$ 0
14.22 Preferred Stock	0	0
14.23 Common Stock	0	0
14.24 Short-Term Investments	0	0
14.25 Mortgage Loans on Real Estate	0	0
14.26 All Other	0	0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 0	\$ 0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$ 0	\$ 0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ]

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0

16.3 Total payable for securities lending reported on the liability page: \$ 0

17. 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 [ ]

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

1 Name of Custodian(s)	2 Custodian Address
The Washington Trust Company	23 Broad Street, Westerly, RI 02891

17.2 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)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [ ] No [X]

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

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

17.5 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. 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
Conning, Inc.	U

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes [X] No [ ]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [X] No [ ]

17.6 For those firms or individuals listed in the table for 17.5 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 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
107423	Conning, Inc.	549300ZOGI4KK37BDV40	SEC	DS

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

18.2 If no, list exceptions:

## GENERAL INTERROGATORIES (continued)

### PART 2 – PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [ ] No [ ] N/A [X]  
 If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes [ ] No [X]  
 If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [ ] No [X]

3.2 If yes, give full and complete information thereto:

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see *Annual Statement Instructions* pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero? Yes [ ] No [X]

4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 Disc. Rate	Total Discount				Discount Taken During Period			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 Total	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 Total
	0.000	0.000	0	0	0	0	0	0	0	0
<b>Total</b>	XXX	XXX	0	0	0	0	0	0	0	0

5.1 Operating Percentages:

5.1 A&H loss percent 0.000%

5.2 A&H cost containment percent 0.000%

5.3 A&H expense percent excluding cost containment expenses 0.000%

6.1 Do you act as a custodian for health savings accounts? Yes [ ] No [X]

6.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0

6.3 Do you act as an administrator for health savings accounts? Yes [ ] No [X]

6.4 If yes, please provide the amount of funds administered as of the reporting date. \$ 0



## SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Type of Reinsurer	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating
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**NONE**

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year to Date	3 Prior Year to Date	4 Current Year to Date	5 Prior Year to Date	6 Current Year to Date	7 Prior Year to Date
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.....N.....							
37. Oklahoma.....OK.....N.....							
38. Oregon.....OR.....N.....							
39. Pennsylvania.....PA.....N.....							
40. Rhode Island.....RI.....L.....		982,186	1,076,935	623,235	1,098,014	32,924,813	38,637,870
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. US 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
59. Totals.....(a).....1.....		982,186	1,076,935	623,235	1,098,014	32,924,813	38,637,870

**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
58999. Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above).....XXX.....		0	0	0	0	0	0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer; (E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state (other than their state of domicile see DSLI); (D) - DSLI - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write Surplus Lines in the state of domicile; (N) - None of the above - Not allowed to write business in the state.  
 (a) Insert the number of D and L responses except for Canada and Other Alien.

**Sch. Y - Pt. 1  
NONE**

**Sch. Y - Pt. 1A  
NONE**

**PART 1 - LOSS EXPERIENCE**

Lines of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire.....			0.000	
2. Allied lines.....			0.000	
3. Farmowners multiple peril.....			0.000	
4. Homeowners multiple peril.....			0.000	
5. Commercial multiple peril.....			0.000	
6. Mortgage guaranty.....			0.000	
8. Ocean marine.....			0.000	
9. Inland marine.....			0.000	
10. Financial guaranty.....			0.000	
11.1. Medical professional liability - occurrence.....	563,709	(2,591,402)	(459.706)	(217.525)
11.2. Medical professional liability - claims-made.....	192,344	(420,973)	(218.865)	(61.838)
12. Earthquake.....			0.000	
13. Group accident and health.....			0.000	
14. Credit accident and health.....			0.000	
15. Other accident and health.....			0.000	
16. Workers' compensation.....			0.000	
17.1 Other liability-occurrence.....	121,766	31,031	25.484	(59.090)
17.2 Other liability-claims made.....			0.000	
17.3 Excess workers' compensation.....			0.000	
18.1 Products liability-occurrence.....			0.000	
18.2 Products liability-claims made.....			0.000	
19.1, 19.2 Private passenger auto liability.....			0.000	
19.3, 19.4 Commercial auto liability.....			0.000	
21. Auto physical damage.....			0.000	
22. Aircraft (all perils).....			0.000	
23. Fidelity.....			0.000	
24. Surety.....			0.000	
26. Burglary and theft.....			0.000	
27. Boiler and machinery.....			0.000	
28. Credit.....			0.000	
29. International.....			0.000	
30. Warranty.....			0.000	
31. Reinsurance-nonproportional assumed property.....	XXX	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX	XXX
33. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business.....	0	0	0.000	
35. Totals.....	877,819	(2,981,344)	(339.631)	(165.075)
<b>DETAILS OF WRITE-INS</b>				
3401.....			0.000	
3402.....			0.000	
3403.....			0.000	
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	0.000	XXX
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0	0.000	

**PART 2 - DIRECT PREMIUMS WRITTEN**

Lines of Business	1	2	3
	Current Quarter	Current Year to Date	Prior Year Year to Date
1. Fire.....			
2. Allied lines.....			
3. Farmowners multiple peril.....			
4. Homeowners multiple peril.....			
5. Commercial multiple peril.....			
6. Mortgage guaranty.....			
8. Ocean marine.....			
9. Inland marine.....			
10. Financial guaranty.....			
11.1. Medical professional liability - occurrence.....	197,604	492,997	617,888
11.2. Medical professional liability - claims made.....	27,038	302,879	269,710
12. Earthquake.....			
13. Group accident and health.....			
14. Credit accident and health.....			
15. Other accident and health.....			
16. Workers' compensation.....			
17.1 Other liability-occurrence.....	72,968	186,310	189,337
17.2 Other liability-claims made.....			
17.3 Excess workers' compensation.....			
18.1 Products liability-occurrence.....			
18.2 Products liability-claims made.....			
19.1 19.2 Private passenger auto liability.....			
19.3 19.4 Commercial auto liability.....			
21. Auto physical damage.....			
22. Aircraft (all perils).....			
23. Fidelity.....			
24. Surety.....			
26. Burglary and theft.....			
27. Boiler and machinery.....			
28. Credit.....			
29. International.....			
30. Warranty.....			
31. Reinsurance-nonproportional assumed property.....	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX
33. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business.....	0	0	0
35. Totals.....	297,610	982,186	1,076,935
<b>DETAILS OF WRITE-INS</b>			
3401.....			
3402.....			
3403.....			
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0	0

**PART 3 (000 omitted)**

**LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE**

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2017 Loss and LAE Payments on Claims Reported as of Prior Year-End	2017 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2017 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/Deficiency (Cols. 11 + 12)
1. 2014 + Prior.....	13,337	22,244	35,581	926		926	12,081	5	17,202	29,288	(330)	(5,037)	(5,367)
2. 2015.....	1,667	5,216	6,883	62	4	66	1,774	56	5,053	6,883	169	(103)	66
3. Subtotals 2015 + Prior.....	15,004	27,460	42,464	988	4	992	13,855	61	22,255	36,171	(161)	(5,140)	(5,301)
4. 2016.....	900	5,261	6,161	134	2	136	627	84	5,198	5,909	(139)	23	(116)
5. Subtotals 2016 + Prior.....	15,904	32,721	48,625	1,122	6	1,128	14,482	145	27,453	42,080	(300)	(5,117)	(5,417)
6. 2017.....	XXX	XXX	XXX	XXX		0	XXX	45	1,810	1,855	XXX	XXX	XXX
7. Totals.....	15,904	32,721	48,625	1,122	6	1,128	14,482	190	29,263	43,935	(300)	(5,117)	(5,417)
8. Prior Year-End's Surplus As Regards Policyholders	98,442												
											Col. 11, Line 7 As % of Col. 1, Line 7	Col. 12, Line 7 As % of Col. 2, Line 7	Col. 13, Line 7 As % of Col. 3, Line 7
											1. ....(1.886)%	2. ....(15.638)%	3. ....(11.140)%
													Col. 13, Line 7 Line 8
													4. ....(5.503)%

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# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	<b>Response</b>
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	YES
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

**Explanation:**

1. The data for this supplement is not required to be filed.
- 2.
3. The data for this supplement is not required to be filed.
4. The data for this supplement is not required to be filed.

**Bar Code:**



**NONE**

## Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE A - VERIFICATION

### Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Current year change in encumbrances.....		
4. Total gain (loss) on disposals.....		
5. Deduct amounts received on disposals.....		
6. Total foreign exchange change in book/adjusted carrying value.....		
7. Deduct current year's other-than-temporary impairment recognized.....		
8. Deduct current year's depreciation.....		
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	.0	.0
10. Deduct total nonadmitted amounts.....		
11. Statement value at end of current period (Line 9 minus Line 10).....	.0	.0

NONE

## SCHEDULE B - VERIFICATION

### Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	.0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and mortgage interest points and commitment fees.....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	.0	.0
12. Total valuation allowance.....		
13. Subtotal (Line 11 plus Line 12).....	.0	.0
14. Deduct total nonadmitted amounts.....		
15. Statement value at end of current period (Line 13 minus Line 14).....	.0	.0

NONE

## SCHEDULE BA - VERIFICATION

### Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	54,936,195	52,895,483
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....	1,827,588	2,079,047
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....	666,228	29,727
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and depreciation.....	36,367	68,062
9. Total foreign exchange change in book/adjusted carrying value.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	57,393,644	54,936,195
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	57,393,644	54,936,195

## SCHEDULE D - VERIFICATION

### Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	92,859,398	93,728,443
2. Cost of bonds and stocks acquired.....	4,899,019	18,847,952
3. Accrual of discount.....	86,423	77,553
4. Unrealized valuation increase (decrease).....	138	261,011
5. Total gain (loss) on disposals.....	64,881	5,073
6. Deduct consideration for bonds and stocks disposed of.....	5,549,243	19,571,937
7. Deduct amortization of premium.....	237,480	488,697
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	92,123,136	92,859,398
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	92,123,136	92,859,398



**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	80,603,273	2,502,065	3,012,574	(135,123)	80,603,273	79,957,641		79,425,237
2. NAIC 2 (a).....	12,997,093	499,975	298,731	15,938	12,997,093	13,214,275		14,373,249
3. NAIC 3 (a).....	500,000		300,000		500,000	200,000		500,000
4. NAIC 4 (a).....						0		
5. NAIC 5 (a).....						0		
6. NAIC 6 (a).....	285,972			(635)	285,972	285,337		286,607
7. Total Bonds.....	94,386,338	3,002,040	3,611,305	(119,820)	94,386,338	93,657,253	0	94,585,093
<b>PREFERRED STOCK</b>								
8. NAIC 1.....						0		
9. NAIC 2.....						0		
10. NAIC 3.....						0		
11. NAIC 4.....						0		
12. NAIC 5.....						0		
13. NAIC 6.....						0		
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	94,386,338	3,002,040	3,611,305	(119,820)	94,386,338	93,657,253	0	94,585,093

QSI02

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:  
NAIC 1 \$.....1,534,318; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

**SCHEDULE DA - PART 1**

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....	.....1,009,735	.....XXX.....	.....1,009,735	.....	.....

**SCHEDULE DA - VERIFICATION**

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.....1,725,694	.....160,051
2. Cost of short-term investments acquired.....	.....3,070,044	.....6,439,383
3. Accrual of discount.....	.....	.....
4. Unrealized valuation increase (decrease).....	.....	.....
5. Total gain (loss) on disposals.....	.....	.....
6. Deduct consideration received on disposals.....	.....3,786,002	.....4,873,740
7. Deduct amortization of premium.....	.....	.....
8. Total foreign exchange change in book/adjusted carrying value.....	.....	.....
9. Deduct current year's other-than-temporary impairment recognized.....	.....	.....
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	.....1,009,736	.....1,725,694
11. Deduct total nonadmitted amounts.....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11).....	.....1,009,736	.....1,725,694

**Sch. DB - Pt. A - Verification  
NONE**

**Sch. DB - Pt. B - Verification  
NONE**

**Sch. DB - Pt. C - Sn. 1  
NONE**

**Sch. DB - Pt. C - Sn. 2  
NONE**

**Sch. DB - Verification  
NONE**

**SCHEDULE E- VERIFICATION**

Cash Equivalents

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.0	
2. Cost of cash equivalents acquired.....	1,524,179	2,099,599
3. Accrual of discount.....	404	401
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	1,000,000	2,100,000
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/ adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	524,583	.0
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	524,583	.0

**Sch. A - Pt. 2  
NONE**

**Sch. A - Pt. 3  
NONE**

**Sch. B - Pt. 2  
NONE**

**Sch. B - Pt. 3  
NONE**

**Sch. BA - Pt. 2  
NONE**

**Sch. BA - Pt. 3  
NONE**

### SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
<b>Bonds - Industrial and Miscellaneous</b>									
053332 AV 4	AUTOZONE INC.....		04/06/2017.....	J.P. MORGAN.....		499,975	500,000		2FE.....
713448 DV 7	PEPSICO INC.....		04/27/2017.....	J.P. MORGAN.....		338,528	340,000		1FE.....
3899999	Total - Bonds - Industrial and Miscellaneous.....					838,503	840,000	0	XXX.....
8399997	Total - Bonds - Part 3.....					838,503	840,000	0	XXX.....
8399999	Total - Bonds.....					838,503	840,000	0	XXX.....
9999999	Total - Bonds, Preferred and Common Stocks.....					838,503	XXX	0	XXX.....

(a) For all common stock bearing NAIC market indicator "U" provide the number of such issues:.....0.

QE04

**SCHEDULE D - PART 4**

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	For Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	13 Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Government</b>																					
36202E	UM 9		06/01/2017	MBS PAYMENT		573	573	571	573				0		573			0	14	07/20/2038	1
36205K	WE 8		06/01/2017	MBS PAYMENT		612	612	609	612				0		612			0	19	05/15/2024	1
36208C	7L 5		06/01/2017	MBS PAYMENT		257	257	261	257				0		257			0	8	07/15/2027	1
36210A	VC 8		06/01/2017	MBS PAYMENT		417	417	413	417		1		1		417			0	10	11/15/2028	1
0599999	Total - Bonds - U.S. Government					1,859	1,859	1,854	1,859	0	1	0	1	0	1,859	0	0	0	51	XXX	XXX
<b>Bonds - U.S. Special Revenue and Special Assessment</b>																					
3128GW	SY 5		06/01/2017	MBS PAYMENT		323	323	335	324		(1)		(1)		323			0	7	11/01/2017	1
3128K6	7K 0		06/01/2017	MBS PAYMENT		1,620	1,620	1,636	1,622		(2)		(2)		1,620			0	43	07/01/2035	1
3128KV	MN 2		06/01/2017	MBS PAYMENT		476	476	480	477		(1)		(1)		476			0	12	08/01/2037	1
3128M4	4Q 3		06/01/2017	MBS PAYMENT		4,973	4,973	4,898	4,962				11		4,973			0	110	08/01/2037	1
3128M5	UZ 1		06/01/2017	MBS PAYMENT		1,830	1,830	1,820	1,829		1		1		1,830			0	41	02/01/2038	1
3128M7	XB 7		06/01/2017	MBS PAYMENT		4,497	4,497	4,776	4,514		(18)		(18)		4,497			0	97	01/01/2040	1
3128M8	AZ 7		06/01/2017	MBS PAYMENT		10,354	10,354	10,934	10,392		(38)		(38)		10,354			0	177	08/01/2040	1
3128ME	3F 6		06/01/2017	MBS PAYMENT		5,518	5,518	5,530			(1)		(1)		5,518			0	49	01/01/2032	1
3128ME	XR 7		06/01/2017	MBS PAYMENT		7,637	7,637	8,022	7,675		(38)		(38)		7,637			0	95	01/01/2029	1
3128MJ	R3 6		06/01/2017	MBS PAYMENT		16,055	16,055	16,855	16,082		(27)		(27)		16,055			0	205	09/01/2042	1
3128MJ	U3 2		06/01/2017	MBS PAYMENT		6,618	6,618	7,080	6,657		(39)		(39)		6,618			0	109	08/01/2044	1
3128MJ	X4 7		06/01/2017	MBS PAYMENT		6,183	6,183	6,454	6,196		(14)		(14)		6,183			0	90	03/01/2046	1
3128MJ	X5 4		06/01/2017	MBS PAYMENT		8,181	8,181	8,781	8,218		(37)		(37)		8,181			0	135	03/01/2046	1
3128MJ	YM 6		06/01/2017	MBS PAYMENT		3,345	3,345	3,480	3,350		(5)		(5)		3,345			0	42	08/01/2046	1
3128MJ	ZH 6		06/01/2017	MBS PAYMENT		6,199	6,199	6,526			(9)		(9)		6,199			0	67	01/01/2047	1
3128MJ	ZM 5		06/01/2017	MBS PAYMENT		5,424	5,424	5,358			2		2		5,424			0	55	02/01/2047	1
3128MM	VZ 3		06/01/2017	MBS PAYMENT		6,346	6,346	6,361			(1)		(1)		6,346			0	39	02/01/2032	1
3128PQ	ZH 7		06/01/2017	MBS PAYMENT		4,550	4,550	4,631	4,561		(10)		(10)		4,550			0	79	02/01/2025	1
3128PY	JD 7		06/01/2017	MBS PAYMENT		8,541	8,541	8,832	8,564		(23)		(23)		8,541			0	108	03/01/2027	1
3128QJ	UC 8		06/01/2017	VARIOUS		201	201	203	201						201			0	3	01/01/2037	1
31292H	VU 5		06/01/2017	MBS PAYMENT		3,640	3,640	3,704	3,645		(5)		(5)		3,640			0	83	04/01/2033	1
31292L	KQ 7		06/01/2017	MBS PAYMENT		10,568	10,568	10,573	10,568				0		10,568			0	154	04/01/2042	1
31292L	L6 0		06/01/2017	MBS PAYMENT		5,585	5,585	5,728	5,590		(5)		(5)		5,585			0	81	05/01/2042	1
312940	2H 1		06/01/2017	MBS PAYMENT		4,556	4,556	4,678	4,563		(7)		(7)		4,556			0	88	07/01/2040	1
312941	NJ 2		06/01/2017	MBS PAYMENT		4,990	4,990	5,250	5,007		(16)		(16)		4,990			0	95	07/01/2040	1
312942	NF 8		06/01/2017	MBS PAYMENT		3,480	3,480	3,600	3,490		(10)		(10)		3,480			0	58	09/01/2040	1
31294M	DW 8		06/01/2017	MBS PAYMENT		5,524	5,524	5,378	5,512		12		12		5,524			0	68	01/01/2026	1
312964	DE 6		06/01/2017	MBS PAYMENT		4,288	4,288	4,391	4,295		(8)		(8)		4,288			0	89	01/01/2019	1
312964	H5 1		06/01/2017	MBS PAYMENT		1,759	1,759	1,804	1,762		(3)		(3)		1,759			0	37	01/01/2019	1
31296M	PA 1		06/01/2017	MBS PAYMENT		7,380	7,380	7,302	7,360		20		20		7,380			0	153	09/01/2033	1
31296Q	4R 8		06/01/2017	MBS PAYMENT		5,499	5,499	5,610	5,509		(9)		(9)		5,499			0	137	11/01/2033	1
3132GL	VH 7		06/01/2017	MBS PAYMENT		5,254	5,254	5,253	5,254				0		5,254			0	88	01/01/2042	1
3132J2	5B 2		06/01/2017	MBS PAYMENT		3,670	3,670	3,811	3,677		(7)		(7)		3,670			0	46	07/01/2033	1
31335A	QK 7		06/01/2017	MBS PAYMENT		10,517	10,517	11,067	10,549		(32)		(32)		10,517			0	156	01/01/2044	1
31335A	UL 0		06/01/2017	MBS PAYMENT		3,100	3,100	3,316	3,114		(13)		(13)		3,100			0	51	02/01/2046	1
31335H	SU 3		06/01/2017	MBS PAYMENT		3,106	3,106	3,192	3,114		(9)		(9)		3,106			0	67	10/01/2024	1
31371G	SS 0		06/01/2017	MBS PAYMENT		1,060	1,060	1,054	1,058		2		2		1,060			0	28	05/01/2018	1
31371H	B6 4		06/01/2017	MBS PAYMENT		2,348	2,348	2,321	2,346		2		2		2,348			0	59	12/01/2028	1
31371K	A4 3		06/01/2017	MBS PAYMENT		80	80	79	80				0		80			0	2	07/01/2031	1
31371M	CG 0		06/01/2017	MBS PAYMENT		3,888	3,888	3,964	3,893		(5)		(5)		3,888			0	81	07/01/2035	1
3138AN	CW 1		06/01/2017	MBS PAYMENT		9,437	9,437	9,894	9,459		(23)		(23)		9,437			0	150	08/01/2041	1
3138AN	YU 1		06/01/2017	MBS PAYMENT		9,089	9,089	9,632	9,140		(51)		(51)		9,089			0	203	08/01/2041	1
3138AV	TB 1		06/01/2017	MBS PAYMENT		2,848	2,848	2,972	2,858		(10)		(10)		2,848			0	47	11/01/2041	1
3138AW	RQ 8		06/01/2017	MBS PAYMENT		4,847	4,847	5,217	4,868		(21)		(21)		4,847			0	94	11/01/2041	1
3138E0	SF 7		06/01/2017	MBS PAYMENT		7,377	7,377	7,603	7,396		(19)		(19)		7,377			0	92	12/01/2026	1
3138EG	HX 5		06/01/2017	MBS PAYMENT		4,083	4,083	4,207	4,094		(10)		(10)		4,083			0	70	04/01/2041	1
3138EH	US 9		06/01/2017	MBS PAYMENT		8,714	8,714	9,116	8,741		(27)		(27)		8,714			0	142	03/01/2042	1
3138EJ	3Y 2		06/01/2017	MBS PAYMENT		4,039	4,039	4,176	4,046		(7)		(7)		4,039			0	58	11/01/2042	1

QE05

**SCHEDULE D - PART 4**

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
										11	12	13	14	15								
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)	
3138EJ	RA 8	FN AL2280	06/01/2017	MBS PAYMENT		15,030	15,030	16,005	15,128		(98)		(98)		15,030			.0	267	09/01/2042	1	
3138EK	FB 6	FN AL2861	06/01/2017	MBS PAYMENT		8,906	8,906	9,148	8,917		(11)		(11)		8,906			.0	130	12/01/2042	1	
3138EK	HJ 7	FN AL2932	06/01/2017	MBS PAYMENT		2,895	2,895	3,044	2,903		(9)		(9)		2,895			.0	45	07/01/2042	1	
3138EK	YW 9	FN AL3424	06/01/2017	MBS PAYMENT		6,663	6,663	6,994	6,681		(17)		(17)		6,663			.0	111	01/01/2043	1	
3138ET	2J 4	FN AL8876	06/01/2017	MBS PAYMENT		6,425	6,425	6,686	6,437		(12)		(12)		6,425			.0	80	10/01/2044	1	
3138LR	AE 2	FN AO0904	06/01/2017	MBS PAYMENT		3,986	3,986	4,097	3,991		(5)		(5)		3,986			.0	61	04/01/2042	1	
3138LU	SX 4	FN AO4133	06/01/2017	MBS PAYMENT		7,823	7,823	7,815	7,823						7,823			.0	115	06/01/2042	1	
3138MK	2E 5	FN AQ4372	06/01/2017	MBS PAYMENT		6,551	6,551	6,544	6,550						6,551			.0	66	11/01/2027	1	
3138W0	L6 4	FN AR3048	06/01/2017	MBS PAYMENT		5,486	5,486	5,442	5,483		3		3		5,486			.0	56	01/01/2028	1	
3138W4	CR 0	FN AR6379	06/01/2017	MBS PAYMENT		7,577	7,577	7,843	7,585		(8)		(8)		7,577			.0	91	02/01/2043	1	
3138W6	SU 1	FN AR8630	06/01/2017	MBS PAYMENT		5,949	5,949	6,128	5,957		(8)		(8)		5,949			.0	70	04/01/2043	1	
3138W9	HW 3	FN AS0244	06/01/2017	MBS PAYMENT		5,600	5,600	5,793	5,612		(12)		(12)		5,600			.0	88	08/01/2043	1	
3138W9	KR 0	FN AS0303	06/01/2017	MBS PAYMENT		4,916	4,916	4,901	4,916		1		1		4,916			.0	62	08/01/2043	1	
3138W9	MT 4	FN AS0369	06/01/2017	MBS PAYMENT		6,454	6,454	6,916	6,497		(43)		(43)		6,454			.0	127	09/01/2043	1	
3138WA	FR 3	FN AS1075	06/01/2017	MBS PAYMENT		2,459	2,459	2,534	2,463		(4)		(4)		2,459			.0	33	11/01/2043	1	
3138WA	WT 0	FN AS1557	06/01/2017	MBS PAYMENT		14,005	14,005	14,876	14,064		(58)		(58)		14,005			.0	243	01/01/2044	1	
3138WB	UJ 9	FN AS2385	06/01/2017	MBS PAYMENT		9,263	9,263	9,779	9,289		(26)		(26)		9,263			.0	162	05/01/2044	1	
3138WE	ZK 1	FN AS5244	06/01/2017	MBS PAYMENT		5,734	5,734	5,939	5,743		(9)		(9)		5,734			.0	81	06/01/2045	1	
3138WG	DN 1	FN AS6408	06/01/2017	MBS PAYMENT		4,526	4,526	4,786	4,541		(15)		(15)		4,526			.0	68	01/01/2046	1	
3138WG	HY 3	FN AS6546	06/01/2017	MBS PAYMENT		5,405	5,405	5,578	5,416		(11)		(11)		5,405			.0	58	01/01/2031	1	
3138WJ	PC 6	FN AS8518	06/01/2017	MBS PAYMENT		2,002	2,002	1,992	2,000						2,002			.0	15	12/01/2046	1	
3138WM	KY 6	FN AT0310	06/01/2017	MBS PAYMENT		10,860	10,860	11,566	10,911		(52)		(52)		10,860			.0	156	03/01/2043	1	
3138WX	FK 8	FN AT9169	06/01/2017	MBS PAYMENT		13,024	13,024	12,947	13,020		4		4		13,024			.0	135	07/01/2028	1	
3138WZ	TZ 5	FN AU0567	06/01/2017	MBS PAYMENT		1,934	1,934	1,915	1,933		1		1		1,934			.0	32	08/01/2043	1	
3138X0	Y2 8	FN AU1628	06/01/2017	MBS PAYMENT		4,749	4,749	4,656	4,746		4		4		4,749			.0	59	07/01/2043	1	
3138X1	3A 2	FN AU2592	06/01/2017	MBS PAYMENT		5,813	5,813	6,021	5,823		(10)		(10)		5,813			.0	83	08/01/2043	1	
3138X3	XM 9	FN AU4283	06/01/2017	MBS PAYMENT		7,639	7,639	7,665	7,640		(1)		(1)		7,639			.0	113	09/01/2043	1	
3138Y6	3S 1	FN AX5308	06/01/2017	MBS PAYMENT		11,992	11,992	12,586	12,036		(44)		(44)		11,992			.0	160	01/01/2042	1	
3138YH	U6 5	FN AY4204	06/01/2017	MBS PAYMENT		6,925	6,925	7,152	6,938		(13)		(13)		6,925			.0	102	05/01/2045	1	
31394V	LV 0	FNR 2005-123 PG	06/01/2017	MBS PAYMENT		25,578	25,578	24,813	25,540		38		38		25,578			.0	585	01/25/2036	1	
31400Y	3Q 7	FN 702007	06/01/2017	MBS PAYMENT		408	408	418	409		(1)		(1)		408			.0	9	05/01/2033	1	
31404V	4L 9	FN 780327	06/01/2017	MBS PAYMENT		7,609	7,609	7,666	7,616		(6)		(6)		7,609			.0	159	07/01/2019	1	
31404W	UE 4	FN 780981	06/01/2017	MBS PAYMENT		4,966	4,966	4,957	4,964		2		2		4,966			.0	93	06/01/2019	1	
31406U	HH 4	FN 820232	06/01/2017	MBS PAYMENT		627	627	636	627		(1)		(1)		627			.0	14	06/01/2035	1	
31407B	BK 4	FN 825442	06/01/2017	MBS PAYMENT		239	239	242	241		(1)		(1)		239			.0	5	05/01/2035	1	
31409Y	UL 9	FN 882687	06/01/2017	MBS PAYMENT		3,549	3,549	3,523	3,549						3,549			.0	73	06/01/2036	1	
31410U	KA 9	FN 897689	06/01/2017	MBS PAYMENT		9,325	9,325	9,118	9,322		3		3		9,325			.0	174	06/01/2037	1	
31413R	2P 0	FN 953582	06/01/2017	MBS PAYMENT		7,277	7,277	7,675	7,314		(37)		(37)		7,277			.0	180	12/01/2037	1	
31416J	ZM 6	FN AA1647	06/01/2017	MBS PAYMENT		6,451	6,451	6,668	6,462		(10)		(10)		6,451			.0	146	02/01/2039	1	
31416M	5A 8	FN AA4440	06/01/2017	MBS PAYMENT		1,792	1,792	1,856	1,803		(11)		(11)		1,792			.0	41	03/01/2039	1	
31417C	JL 0	FN AB5666	06/01/2017	MBS PAYMENT		3,264	3,264	3,329	3,267		(3)		(3)		3,264			.0	47	07/01/2042	1	
31417C	KM 6	FN AB5699	06/01/2017	MBS PAYMENT		6,324	6,324	6,300	6,322		1		1		6,324			.0	92	07/01/2042	1	
31417C	VS 1	FN AB6024	06/01/2017	MBS PAYMENT		6,909	6,909	7,224	6,926		(17)		(17)		6,909			.0	107	08/01/2042	1	
31417D	TR 4	FN AB6859	06/01/2017	MBS PAYMENT		5,271	5,271	5,478	5,280		(9)		(9)		5,271			.0	71	11/01/2042	1	
31417E	MZ 1	FN AB7575	06/01/2017	MBS PAYMENT		6,656	6,656	6,632	6,655		1		1		6,656			.0	90	01/01/2043	1	
31417E	N9 8	FN AB7615	06/01/2017	MBS PAYMENT		6,098	6,098	6,373	6,110		(12)		(12)		6,098			.0	83	01/01/2043	1	
31417F	3E 6	FN AB8896	06/01/2017	MBS PAYMENT		5,344	5,344	5,194	5,338		6		6		5,344			.0	66	04/01/2043	1	
31417G	5A 0	FN AB9840	06/01/2017	MBS PAYMENT		8,433	8,433	8,840	8,461		(28)		(28)		8,433			.0	125	07/01/2043	1	
31417H	B5 2	FN AB9959	06/01/2017	MBS PAYMENT		6,068	6,068	6,331	6,080		(12)		(12)		6,068			.0	95	07/01/2043	1	
31418W	CY 4	FN AD8186	06/01/2017	MBS PAYMENT		5,452	5,452	5,649	5,469		(17)		(17)		5,452			.0	80	09/01/2025	1	
31419E	UD 9	FN AE4179	06/01/2017	MBS PAYMENT		8,786	8,786	9,095	8,817		(31)		(31)		8,786			.0	135	10/01/2025	1	
31419J	SV 1	FN AE7731	06/01/2017	MBS PAYMENT		6,792	6,792	7,243	6,832		(41)		(41)		6,792			.0	127	11/01/2040	1	
3199999	Total - Bonds - U.S. Special Revenue and Special Assessments						593,406	593,406	610,492	569,059	0	(1,150)	0	(1,150)	0	593,406	0	0	0	9,506	XXX	XXX

QE05.1

Bonds - Industrial and Miscellaneous



### SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	For ei gn	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	13 Current Year's Other-Than- Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
12489W QD 9	CBASS 2005-CB8 AF2.....	..	06/01/2017	MBS PAYMENT.....	.....	22,712	22,712	22,711	22,712	.....	.....	.....	.....	.....	22,712	.....	.....	.....	.....	12/25/2035	1FM.....
20825C AR 5	CONOCOPHILLIPS.....	..	06/21/2017	CALLED BY ISSUER at 106.310....	.....	298,731	281,000	279,106	280,511	.....	18,220	.....	18,220	.....	298,731	.....	.....	.....	.....	02/01/2019	2FE.....
457153 AE 4	INGRAM MICRO INC.....	..	06/12/2017	MILLENNIUM ADVISORS.....	.....	301,536	300,000	299,994	300,000	.....	.....	.....	.....	.....	300,000	.....	1,536	1,536	.....	09/01/2017	3FE.....
46623E KG 3	JPMORGAN CHASE & CO.....	..	04/11/2017	MILLENNIUM ADVISORS.....	.....	198,488	200,000	200,000	200,000	.....	.....	.....	.....	.....	200,000	.....	(1,512)	(1,512)	.....	08/15/2021	1FE.....
3899999	Total - Bonds - Industrial and Miscellaneous.....					821,467	803,712	801,811	803,223	.....	18,220	.....	18,220	.....	821,443	.....	24	24	.....	XXX	XXX
8399997	Total - Bonds - Part 4.....					1,416,732	1,398,977	1,414,157	1,374,141	.....	17,071	.....	17,071	.....	1,416,708	.....	24	24	.....	XXX	XXX
8399999	Total - Bonds.....					1,416,732	1,398,977	1,414,157	1,374,141	.....	17,071	.....	17,071	.....	1,416,708	.....	24	24	.....	XXX	XXX
9999999	Total - Bonds, Preferred and Common Stocks.....					1,416,732	XXX	1,414,157	1,374,141	.....	17,071	.....	17,071	.....	1,416,708	.....	24	24	.....	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues: .....0.

QE05.2

**Sch. DB - Pt. A - Sn. 1  
NONE**

**Sch. DB - Pt. B - Sn. 1  
NONE**

**Sch. DB - Pt. D - Sn. 1  
NONE**

**Sch. DB - Pt. D - Sn. 2  
NONE**

**Sch. DL - Pt. 1  
NONE**

**Sch. DL - Pt. 2  
NONE**

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
<b>Open Depositories</b>								
BANK OF AMERICA .....	PROVIDENCE, RI .....				.....993,828	.....983,826	.....946,891	XXX
0199999. Total Open Depositories.....	XXX	XXX	.....0	.....0	.....993,828	.....983,826	.....946,891	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	.....0	.....0	.....993,828	.....983,826	.....946,891	XXX
0599999. Total Cash.....	XXX	XXX	.....0	.....0	.....993,828	.....983,826	.....946,891	XXX

**Medical Malpractice Joint Underwriting Association of Rhode Island**

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
<b>Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations</b>							
HYDRO-QUEBEC.....		06/29/2017.....	1.061	07/28/2017.....	524,583	0	15
3299999. Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations.....					524,583	0	15
3899999. Total - Industrial and Miscellaneous (Unaffiliated).....					524,583	0	15
<b>Total Bonds</b>							
7799999. Subtotals - Issuer Obligations.....					524,583	0	15
8399999. Subtotals - Bonds.....					524,583	0	15
8699999. Total - Cash Equivalents.....					524,583	0	15

QE13



**SUPPLEMENT "A" TO SCHEDULE T**

**EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES**

Designate the type of health care providers reported on this page.

**Physicians - Including Surgeons and Osteopaths**

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ								
4. Arkansas.....AR								
5. California.....CA								
6. Colorado.....CO								
7. Connecticut.....CT								
8. Delaware.....DE								
9. District of Columbia.....DC								
10. Florida.....FL								
11. Georgia.....GA								
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL								
15. Indiana.....IN								
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY								
19. Louisiana.....LA								
20. Maine.....ME								
21. Maryland.....MD								
22. Massachusetts.....MA								
23. Michigan.....MI								
24. Minnesota.....MN								
25. Mississippi.....MS								
26. Missouri.....MO								
27. Montana.....MT								
28. Nebraska.....NE								
29. Nevada.....NV								
30. New Hampshire.....NH								
31. New Jersey.....NJ								
32. New Mexico.....NM								
33. New York.....NY								
34. North Carolina.....NC								
35. North Dakota.....ND								
36. Ohio.....OH								
37. Oklahoma.....OK								
38. Oregon.....OR								
39. Pennsylvania.....PA								
40. Rhode Island.....RI	715,972	673,863	123,235	7	(2,369,931)	9,284,898	34	15,178,726
41. South Carolina.....SC								
42. South Dakota.....SD								
43. Tennessee.....TN								
44. Texas.....TX								
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA								
48. Washington.....WA								
49. West Virginia.....WV								
50. Wisconsin.....WI								
51. Wyoming.....WY								
52. American Samoa.....AS								
53. Guam.....GU								
54. Puerto Rico.....PR								
55. US Virgin Islands.....VI								
56. Northern Mariana Islands.....MP								
57. Canada.....CAN								
58. Aggregate Other Alien.....OT	0	0	0	0	0	0	0	0
59. Totals.....	715,972	673,863	123,235	7	(2,369,931)	9,284,898	34	15,178,726

**DETAILS OF WRITE-INS**

58001.....								
58002.....								
58003.....								
58998. Summary of remaining write-ins for Line 58 from overflow page.....	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 thru 58003+ 58998) (Line 58 above).....	0	0	0	0	0	0	0	0



**SUPPLEMENT "A" TO SCHEDULE T**

**EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES**

Designate the type of health care providers reported on this page.

**Hospitals**

1 States, Etc.	2 Direct Premiums Written	3 Direct Premiums Earned	4 Direct Losses Paid		5 Direct Losses Incurred	7 Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ								
4. Arkansas.....AR								
5. California.....CA								
6. Colorado.....CO								
7. Connecticut.....CT								
8. Delaware.....DE								
9. District of Columbia.....DC								
10. Florida.....FL								
11. Georgia.....GA								
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL								
15. Indiana.....IN								
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY								
19. Louisiana.....LA								
20. Maine.....ME								
21. Maryland.....MD								
22. Massachusetts.....MA								
23. Michigan.....MI								
24. Minnesota.....MN								
25. Mississippi.....MS								
26. Missouri.....MO								
27. Montana.....MT								
28. Nebraska.....NE								
29. Nevada.....NV								
30. New Hampshire.....NH								
31. New Jersey.....NJ								
32. New Mexico.....NM								
33. New York.....NY								
34. North Carolina.....NC								
35. North Dakota.....ND								
36. Ohio.....OH								
37. Oklahoma.....OK								
38. Oregon.....OR								
39. Pennsylvania.....PA								
40. Rhode Island.....RI	79,904	82,190	500,000	1	(642,444)	3,350,000	15	4,067,619
41. South Carolina.....SC								
42. South Dakota.....SD								
43. Tennessee.....TN								
44. Texas.....TX								
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA								
48. Washington.....WA								
49. West Virginia.....WV								
50. Wisconsin.....WI								
51. Wyoming.....WY								
52. American Samoa.....AS								
53. Guam.....GU								
54. Puerto Rico.....PR								
55. US Virgin Islands.....VI								
56. Northern Mariana Islands.....MP								
57. Canada.....CAN								
58. Aggregate Other Alien.....OT	0	0	0	0	0	0	0	0
59. Totals.....	79,904	82,190	500,000	1	(642,444)	3,350,000	15	4,067,619

**DETAILS OF WRITE-INS**

58001.....								
58002.....								
58003.....								
58998. Summary of remaining write-ins for Line 58 from overflow page.....	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 thru 58003+ 58998) (Line 58 above).....	0	0	0	0	0	0	0	0

**Supp. A to Sch. T  
NONE**

**Supp. A to Sch. T  
NONE**

**Overflow Page  
NONE**