

ANNUAL STATEMENT

For the Year Ended December 31, 2014

of the Condition and Affairs of the

Medical Malpractice Joint Underwriting Association of Rhode Island

	1 / 1	iouc isia	IIG		
NAIC Group Code 0, 0		pany Code 13101	Emplo	oyer's ID Number 51	-0140354
(Current Period) (Prior Per Organized under the Laws of Rhode Isla	nd State of D	omicile or Port of Entry F		Country of Domicile	US
Incorporated/Organized June 16, 197	5	Commen	ced Business July 1	1, 1975	
Statutory Home Office	One Turks Head P (Street and Number)	lace Providence F (City or Town, State, Coun	RI 02903		
Main Administrative Office	One Turks Head P (Street and Number)	lace Providence F	RI 02903		-369-8240) (Telephone Number)
Mail Address		lace Providence F P. O. Box) (City or Town,	Ri 02903		Troiophone Numbery
Primary Location of Books and Records		lace Providence F (City or Town, State, County)	RI 02903	401	-369-8240) (Telephone Number)
Internet Web Site Address	,		,	p 1100 0000)	((cicphone (tamber)
Statutory Statement Contact	Jerilynn Leahy (Name)			401 (Area Code) (Telephone	-369-8245
	jleahy@beecherca (E-Mail Address)	rlson.com		401	-369-8241 ax Number)
		OFFICERS		•	,
Name	Title		Name	٦	litle .
	ecretary	2. Robert	Suglia #	Chair	
3. Jerilynn Leahy As	ssistant Secretary	4.			
		OTHER			

DIRECTORS OR TRUSTEES

Sang F	ark	#
Robert	Sug	lia
Timothy	' Kn	арр

Molly Flannagan Earl Cottam Jr. Don Baldini

James Pascalides DPM Stewart Steffey # Larry Alan #

Kenneth B Nanian MD Michael Souza

State of..... County of....

..... Pennsylvania f..... Chester

7: 160

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) Timothy Knapp	(Signature) Robert Suglia	(Signature) Jerliynn Leahy
(Printed Name) Secretary	(Printed Name) Chair	(Printed Name) Assistant Secretary
(Title)	(Tite)	(Title)
Subscribed and swom to before me This	a. Is this an original filing?b. If no. 1. State the amendment number	Yes [X] No []
Haber M. Jacker J.	Date filed Mumber of pages attached	And the state of t

NOTARIAL SEAL REUBEN M JACKSON JR Notary Public TREDYFFRIN TWP., CHESTER COUNTY My Commission Expires Jul 12, 2016



ANNUAL STATEMENT

For the Year Ended December 31, 2014 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 Rhode Island Incorporated/Organized June 16, 1975		Country of Domicile US July 1, 1975
Statutory Home Office	One Turks Head Place Providence RI 02903 (Street and Number) (City or Town, State, Country and Zip Code)	3
Main Administrative Office	One Turks Head Place Providence RI 02903 (Street and Number) (City or Town, State, Country and Zip Code)	401-369-8240 (Area Code) (Telephone Numbe
Mail Address	One Turks Head Place Providence RI 02903 (Street and Number or P. O. Box) (City or Town, State, Country and	3
Primary Location of Books and Records	One Turks Head Place Providence RI 02903 (Street and Number) (City or Town, State, Country and Zip Code)	3 401-369-8240 (Area Code) (Telephone Numbe
Internet Web Site Address		First Stady (Folephone Hallings
Statutory Statement Contact	Jerilynn Leahy (Name) jleahy@beechercarlson.com (E-Mail Address)	401-369-8245 (Area Code) (Telephone Number) (Extension 401-369-8241 (Fax Number)
	OFFICERS	,
	Title Name etary 2. Robert Suglia # stant Secretary 4. OTHER	Title Chair

DIRECTORS OR TRUSTEES

Sang	Park	#
Robert	Sug	lia
Timoth	y Kn	арр

Molly Flannagan Earl Cottam Jr. Don Baldini

James Pascalides DPM Stewart Steffey # Larry Alan #

Kenneth B Nanian MD Michael Souza

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) Timothy Knapp	(Signature) Robert Suglia	(Signature) Jerilynn Leahy
(Printed Name) Secretary	(Printed Name) Chair	3. (Printed Name) Assistant Secretary
(Title)	(Title)	(Title)
Subscribed and sworn to before me This 29th day of January 2015	a. Is this an original filing?b. If no 1. State the a	Yes [X] No []
my commission Expires 9-18-		f pages attached



ANNUAL STATEMENT

For the Year Ended December 31, 2014 of the Condition and Affairs of the

Medical Malpractice Joint Underwriting Association of Rhode Island

NAIC Group Code 0, 0 (Cutrent Period) (Prior Period)	NAIC Company Code 13101	Employer's ID Number 51-0140354
Organized under the Laws of Rhode Island Incorporated/Organized June 16, 1975	•	Country of Domicile US July 1, 1975
Statutory Home Office	One Turks Head Place Providence RI 0290 (Street and Number) (City or Town, State, Country and Zip Code)	·
Main Administrative Office	One Turks Head Place Providence RI 02903 (Street and Number) (City or Town, State, Country and Zip Code)	3 401-369-8240 (Area Code) (Telephone Numbe
Mail Address	One Turks Head Place Providence RI 0290 (Street and Number or P. O. Box) (City or Town, State, Country and	93
Primary Location of Books and Records	One Turks Head Place Providence RI 0290 (Street and Number) (City or Town, State, Country and Zip Code)	
Internet Web Site Address	, , , , , , , , , , , , , , , , , , , ,	(wear obady () displicate Mailled
Statutory Statement Contact	Jerilynn Leahy (Name) jleahy@beechercarlson.com (E-Mail Address)	401-369-8245 (Area Code) (Telephone Number) (Extension 401-369-8241 (Fax Number)
	OFFICERS	
- · · · · · · · · · · · · · · · · · · ·	Title Name etary 2. Robert Suglia # stant Secretary 4. OTHER	Title Chair

DIRECTORS OR TRUSTEES

Sang F	ark	#
Robert	Sug	lia
Timothy	Kn	арр

Molly Flannagan Earl Cottam Jr. Don Baldini

NOTARY PUBLIC OF RHODE ISLAND My Commission Expires 3/13/2016 James Pascalides DPM Stewart Steffey # Larry Alan #

Kenneth B Nanian MD Michael Souza

State of	
County of	

Rhode Island 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 fieu of or in addition to the enclosed statement.

(Signature) Timothy Knapp 1. (Printed Name) Secretary	(Signature) Robert Suglia 2. (Printed Name) Chair	(Signature) Jerilynn Leahy 3. (Printed Name) Assistant Secretary
(Title)	(Title)	(Title)
Subscribed and sworn to before me This 28 day of January 2015	a. Is this an original filing? b. If no 1. State the amendment number	Yes [X] No []
Jacqueline K. Plante JACQUELINE K. PLANTE	Number of pages attached	

Annual Statement for the year 2014 of the Medical Malpractice Joint Underwriting Association of Rhode Island ASSETS

	710	JEIO	Current Year		Prior Year
		1	2	3	4
			Nonadmitted	Net Admitted Assets	Net
		Assets	Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds (Schedule D)	94,098,332		94,098,332	97,465,612
2.	Stocks (Schedule D):				
	2.1 Preferred stocks			0	
	2.2 Common stocks			0	
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens			0	
	3.2 Other than first liens				
4.	Real estate (Schedule A):				
4.	4.1 Properties occupied by the company (less \$0 encumbrances)			0	
	4.2 Properties held for the production of income (less \$0 encumbrances)				
	4.3 Properties held for sale (less \$0 encumbrances)				
5.	Cash (\$804,318, Schedule E-Part 1), cash equivalents (\$1,043,725,			-	
٥.	Schedule E-Part 2) and short-term investments (\$0, Schedule DA)			1,848,043	1,114,228
6.	Contract loans (including \$0 premium notes)			0	
7.	Derivatives (Schedule DB)				
8.	Other invested assets (Schedule BA)				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets (Schedule DL)				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)				
13.	Title plants less \$0 charged off (for Title insurers only)				
14.	Investment income due and accrued			1,487,685	1,540,207
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	191,613 .		191,613	223,148
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)			333,235	314,413
	15.3 Accrued retrospective premiums			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				
17	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				
	· ·				
	Net deferred tax asset	1		,	,
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$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		0 .	20,333	23,613
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)		0	150,886,854	154,636,154
	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTALS (Lines 26 and 27)	150,886,854	0	150,886,854	154,636,154
		OF WRITE-INS		1	
	Cumpany of remaining with ine for Line 11 from everflow page				
	. Summary of remaining write-ins for Line 11 from overflow page				
	. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)				10,772
	Niscellaneous Accounts Receivable			*	•
	. Frepaiu Losses	· I		•	12,041
	Summary of remaining write-ins for Line 25 from overflow page				0
	. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)				

Annual Statement for the year 2014 of the Medical Malpractice Joint Underwriting Association of Rhode Island LIABILITIES, SURPLUS AND OTHER FUNDS

		Current Year	Prior Year
1.	Losses (Part 2A, Line 35, Column 8)	42,587,411	46,892,684
2.	Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)		
3.	Loss adjustment expenses (Part 2A, Line 35, Column 9)	12,714,916	14,201,509
4.	Commissions payable, contingent commissions and other similar charges	58,900	46,961
5.	Other expenses (excluding taxes, licenses and fees)	197,808	204,246
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))		
7.2	Net deferred tax liability		
8.	Borrowed money \$0 and interest thereon \$0		
9.	Unearned premiums (Part 1A, Line 38, Column 5) (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)		
10.	Advance premium		
11.	Dividends declared and unpaid:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	11.1 Stockholders		
	11.2 Policyholders		
10	Ceded reinsurance premiums payable (net of ceding commissions)		
12.			
13.	Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)		
14.	Amounts withheld or retained by company for account of others.		
15.	Remittances and items not allocated		
16.	Provision for reinsurance (including \$0 certified) (Schedule F, Part 8)		
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	0	0
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	59,854,081	
27.	Protected cell liabilities		
28.	Total liabilities (Lines 26 and 27)		
29.	Aggregate write-ins for special surplus funds		
30.	Common capital stock		
31.	Preferred capital stock		
32.	Aggregate write-ins for other than special surplus funds		
33.	Surplus notes		
34.	Gross paid in and contributed surplus		
35.	Unassigned funds (surplus)	91,032,773	80,521,784
36.	Less treasury stock, at cost:		
	36.10.000 shares common (value included in Line 30 \$0)		
	36.20.000 shares preferred (value included in Line 31 \$0)		
	Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)		
38.	TOTALS (Page 2, Line 28, Col. 3)	150,886,854	154,636,154
	DETAILS OF WRITE-INS	T	
	Unearned Finance Charge		
	Premium Deficiency Reserve		
	Losses Payable		
	Summary of remaining write-ins for Line 25 from overflow page		
	Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)		
	Summary of remaining write-ins for Line 29 from overflow page		
	Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)		
	Totals (Lines 2501 tillu 2505 pius 2550) (Line 25 above).		
	Summary of remaining write-ins for Line 32 from overflow page		
	Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above)		

Annual Statement for the year 2014 of the Medical Malpractice Joint Underwriting Association of Rhode Island STATEMENT OF INCOME

	STATEMENT OF INCOME		
	UNDERWRITING INCOME	1 Current Year	2 Prior Year
1.	Premiums earned (Part 1, Line 35, Column 4)		3,143,331
	DEDUCTIONS		
2.	Losses incurred (Part 2, Line 35, Column 7)	,	6,010,099
3.	Loss adjustment expenses incurred (Part 3, Line 25, Column 1)		(1,250,736)
4.	Other underwriting expenses incurred (Part 3, Line 25, Column 2)		1,994,760
5. 6.	Aggregate write-ins for underwriting deductions		6,754,123
7.	Net income of protected cells		
8.	Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	1	
	INVESTMENT INCOME		(-77
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		
10.	Net realized capital gains (losses) less capital gains tax of \$304,859 (Exhibit of Capital Gains (Losses))		
11.	Net investment gain (loss) (Lines 9 + 10)	5,634,792	5,903,936
40	OTHER INCOME		
12.	Net gain (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.		26,255
14.	Aggregate write-ins for miscellaneous income	· ·	· ·
15.	Total other income (Lines 12 through 14)		
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign		
	income taxes (Lines 8 + 11 + 15)		1,649,751
	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)	5 607 030	1 6/0 751
19.	Federal and foreign income taxes incurred		
20.	Net income (Line 18 minus Line 19) (to Line 22)		
	CAPITAL AND SURPLUS ACCOUNT	, , , , , ,	, , , ,
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	86.521.784	83.815.241
22.	Net income (from Line 20)		1,781,181
23.	Net transfers (to) from Protected Cell accounts		
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$107,181	208,058	1,080,232
25.	Change in net unrealized foreign exchange capital gain (loss)		
26.	Change in net deferred income tax		
27.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Column 3)		
28.	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)		
	Change in surplus notes Surplus (contributed to) withdrawn from protected cells		
	Cumulative effect of changes in accounting principles		
	Capital changes:		
02.	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)		
0.4	33.3. Transferred from capital		
34.	Net remittances from or (to) Home Office		
35. 36.	Dividends to stockholders		
37.	Aggregate write-ins for gains and losses in surplus		
38.	Change in surplus as regards policyholders for the year (Lines 22 through 37)		
39.	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)		
<u> </u>	DETAILS OF WRITE-INS	· · · · · · · · · · · · · · · · · · ·	
	Change in Premium Deficiency Reserve		
	Summany of ramaining write ine for Line F from everflow page		
	Summary of remaining write-ins for Line 5 from overflow page		0
	Gain or loss on retroactive reinsurance.	(569,500)	
		, ,	
1403.			
	Summary of remaining write-ins for Line 14 from overflow page		0
	Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)		
	Summary of remaining write-ins for Line 37 from overflow page		
3799.	Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above)	0	0

Annual Statement for the year 2014 of the Medical Malpractice Joint Underwriting Association of Rhode Island CASH FLOW

	CASH FLOW	1 4	0
		1 Current Year	2 Prior Year
	CASH FROM OPERATIONS		
1.	Premiums collected net of reinsurance	2,725,410	2,910,697
2.	Net investment income	5,676,027	5,932,231
3.	Miscellaneous income	(2,893,686)	(2,667,570)
4.	Total (Lines 1 through 3)	5,507,751	6,175,358
5.	Benefit and loss related payments	5,175,456	4,618,907
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	2,927,421	3,424,864
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	825,000	1,449,901
10.	Total (Lines 5 through 9)	8,927,877	9,493,672
11.	Net cash from operations (Line 4 minus Line 10)	(3,420,126)	(3,318,314
	CASH FROM INVESTMENTS		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	12,335,508	21,512,646
	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	1,245,971	896,606
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	13,581,479	22,409,252
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	9,427,491	18,879,771
	13.2 Stocks		
	13.3 Mortgage loans		
	13.4 Real estate		
	13.5 Other invested assets		
	13.6 Miscellaneous applications	47	41
	13.7 Total investments acquired (Lines 13.1 to 13.6)	9,427,538	18,879,812
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14)	4,153,941	3,529,440
	CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
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.			
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		-
18.	Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	733.815	211.126
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	1 114 228	903 102
	19.2 End of year (Line 18 plus Line 19.1)		
	10.2 Lita of your (Little 10 plus Little 19.1)		1,114,220

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

20.0001

PART 1 - PREMIUMS EARNED

	TANI I-TI	1 Net	2 Unearned Premiums December 31	3 Unearned Premiums December 31	4 Premiums
	Line of Business	Premiums Written per Column 6, Part 1B	Prior Year- per Col. 3, Last Year's Part 1	Current Year- per Col. 5, Part 1A	Earned During Year (Cols. 1 + 2 - 3)
1.	Fire		Last real s Part I	Fall IA	(Cois. 1 + 2 - 3)
2.					0
	Allied lines Farmowners multiple peril				0
3.					
4.	Homeowners multiple peril				0
5.	Commercial multiple peril				
6.	Mortgage guaranty				
8.	Ocean marine				
9.	Inland marine				
10.	Financial guaranty				
11.1	Medical professional liability - occurrence				
11.2	Medical professional liability - claims-made	529,093	177,210	225,355	480,948
12.	Earthquake				0
13.	Group accident and health				0
14.	Credit accident and health (group and individual)				0
15.	Other accident and health				0
16.	Workers' compensation				0
17.1	Other liability - occurrence	299,322	97,876	78,980	318,218
17.2	Other liability - claims-made				0
17.3	Excess workers' compensation				0
18.1	Products liability - occurrence				0
18.2	Products liability - claims-made				0
19.1, 19.2	Private passenger auto liability				0
19.3, 19.4	Commercial auto liability				0
21.	Auto physical damage				0
22.	Aircraft (all perils)				0
23.	Fidelity				0
24.	Surety				0
26.	Burglary and theft				0
27.	Boiler and machinery				0
28.	Credit				0
29.	International.				0
30.	Warranty				
31.	Reinsurance - nonproportional assumed property				0
32.	Reinsurance - nonproportional assumed liability				0
33.	Reinsurance - nonproportional assumed financial lines				0
34.	Aggregate write-ins for other lines of business				0
35.	TOTALS	2,716,518	2,458,772	2,352,936	2,822,354
	DETAIL	S OF WRITE-INS			
3401.					0
3402.					0
3403.					0
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0
3499.	Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above)	0	0	0	0

PART 1A - RECAPITULATION OF ALL PREMIUMS

PART 1A - RECAPITULATION OF ALL PREMIUMS							
		Amount Unearned (Running One Year or Less from Date	2 Amount Unearned (Running More Than One Year from	3 Earned But	4 Reserve for Rate Credits and Retrospective Adjustments Based	5 Total Reserve for Unearned Premiums	
	Line of Business	of Policy) (a)	Date of Policy) (a)	Unbilled Premium	on Experience	Cols. 1 + 2 + 3 + 4	
1.	Fire					0	
2.	Allied lines					0	
3.	Farmowners multiple peril					0	
4.	Homeowners multiple peril					0	
5.	Commercial multiple peril					0	
6.	Mortgage guaranty					0	
8.	Ocean marine					0	
9.	Inland marine					0	
10.	Financial guaranty					0	
11.1	Medical professional liability - occurrence	2,048,601				2,048,601	
11.2	Medical professional liability - claims-made	225,355				225,355	
12.	Earthquake						
13.	Group accident and health						
14.	Credit accident and health (group and individual)					•	
15.	Other accident and health						
16.	Workers' compensation					•	
17.1	Other liability - occurrence						
17.1						,	
	Other liability - claims-made						
17.3	Excess workers' compensation						
18.1	Products liability - occurrence						
18.2	Products liability - claims-made						
	Private passenger auto liability					0	
19.3, 19.4	Commercial auto liability					0	
21.	Auto physical damage					0	
22.	Aircraft (all perils)					0	
23.	Fidelity					0	
24.	Surety					0	
26.	Burglary and theft					0	
27.	Boiler and machinery					0	
28.	Credit					0	
29.	International					0	
30.	Warranty					0	
31.	Reinsurance - nonproportional assumed property					0	
32.	Reinsurance - nonproportional assumed liability					0	
33.	Reinsurance - nonproportional assumed financial lines						
34.	Aggregate write-ins for other lines of business					_	
35.	TOTALS			0		2,352,936	
33.	TOTALO	2,002,000	0			2,002,000	
36.	Accrued retrospective premiums based on experience	I			I		
	·					^	
37.	Earned but unbilled premiums					0	
38.	Balance (sum of Lines 35 through 37)					2,352,936	
		DETAILS OF V	VRITE-INS				
3401.						0	
3402.						0	
3403.						0	
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	
3499.	Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above)	0	0	0	0	0	

⁽a) State here basis of computation used in each case: Premiums earned ratably over the policy term.

PART 1R - PREMILIMS WRITTEN

	PART 1B - PREMIUMS WRITTEN 1 Reinsurance Assumed Reinsurance Ceded				6		
		Direct	2	3	4	5	Net Premiums
		Direct Business	From	From	То	То	Written (Cols. 1 + 2 + 3
	Line of Business	(a)	Affiliates	Non-Affiliates	Affiliates	Non-Affiliates	- 4 - 5)
1.	Fire						0
2.	Allied lines						0
3.	Farmowners multiple peril						0
4.	Homeowners multiple peril						0
5.	Commercial multiple peril						0
6.	Mortgage guaranty						0
8.	Ocean marine						0
9.	Inland marine						0
10.	Financial guaranty						0
11.1	Medical professional liability - occurrence	1,888,103					1,888,103
11.2	Medical professional liability - claims-made						529,093
12.	Earthquake						0
13.	Group accident and health						n
14.							Λ
	Credit accident and health (group and individual) Other accident and health						
15.							0
16.	Workers' compensation						0
17.1	Other liability - occurrence						299,322
17.2	Other liability - claims-made						0
17.3	Excess workers' compensation						0
18.1	Products liability - occurrence						0
18.2	Products liability - claims-made						0
19.1, 19.2	Private passenger auto liability						0
19.3, 19.4	Commercial auto liability						0
21.	Auto physical damage						0
22.	Aircraft (all perils)						0
23.	Fidelity						0
24.	Surety						0
26.	Burglary and theft						0
27.	Boiler and machinery						0
28.	Credit						0
29.	International						0
30.	Warranty						Λ
	Reinsurance - nonproportional assumed property						
31.							0
32.	Reinsurance - nonproportional assumed liability						0
33.	Reinsurance - nonproportional assumed financial lines]0
34.	Aggregate write-ins for other lines of business		0		0	0	0
35.	TOTALS		0	0	0	0	2,716,518
		DETAILS OF	WRITE-INS		T		
3401.							0
3402.							0
3403.							0
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0
3499.	Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above)	0	0	0	0	0	0

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes $[\]$ No [X]

If yes: 1. The amount of such installment premiums \$......0.

^{2.} Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$..........0.

Annual Statement for the year 2014 of the Medical Malpractice Joint Underwriting Association of Rhode Island

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

			Losses Pair	d Less Salvage		5	6	7	8
		1 Direct	2 Reinsurance	3 Reinsurance	4 Net Payments	Net Losses Unpaid Current Year	Net Losses Unpaid	Losses Incurred Current Year	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned
	Line of Business	Business	Assumed	Recovered	(Cols. 1 + 2 - 3)	(Part 2A, Col. 8)	Prior Year	(Cols. 4 + 5 - 6)	(Col. 4, Part 1)
1.	Fire							0	0.0
2. 3.	Allied linesFarmowners multiple peril								0.0
-									0.0
4.	Homeowners multiple peril							0	
5. C	Commercial multiple peril								0.0
6.	Mortgage guaranty							0	0.0
8.	Ocean marine							0	0.0
9.	Inland marine							0	0.0
10.	Financial guaranty	2.450.040				22 225 220	20.700.500		0.0
11.1	Medical professional liability - occurrence	3,456,012				33,335,389	36,792,592	(1,191)	(0.1)
11.2	Medical professional liability - claims-made					8,040,849	9,614,953	/51,340	
12.	EarthquakeGroup accident and health							0	0.0
13.	Group accident and nealth.							0	
14.	Credit accident and health (group and individual)							0	0.0
15.	Other accident and health							0	0.0
16.	Workers' compensation					005.470	405.400		0.0
17.1	Other liability - occurrence	· · · · · · · · · · ·				605,173	485,139	120,034	37.7
17.2	Other liability - claims-made							0	0.0
17.3	Excess workers' compensation							0	0.0
18.1	Products liability - occurrence							0	0.0
18.2	Products liability - claims-made	· · · · · · · · · · ·						0	0.0
19.1, 19.2	Private passenger auto liability							0	0.0
	Commercial auto liability							0	0.0
21.	Auto physical damage							0	0.0
22.	Aircraft (all perils)				0			0	0.0
23.	Fidelity				0			0	0.0
24.	Surety							0	0.0
26.	Burglary and theft							0	0.0
27.	Boiler and machinery				0			0	0.0
28.	Credit				0			0	0.0
29.	International				0			0	0.0
30.	Warranty							0	0.0
31.	Reinsurance - nonproportional assumed property	XXX			0			0	0.0
32.	Reinsurance - nonproportional assumed liability	XXX			0			0	0.0
33.	Reinsurance - nonproportional assumed financial lines	XXX			0			0	0.0
34.	Aggregate write-ins for other lines of business	0		· · · · · · · · · · · · · · · · · · ·	J	0	0	0	0.0
35.	TOTALS	5,175,456			5,175,456	42,587,411	46,892,684	870,183	30.8
3401.				DETAILS OF WRITE	-INS		1	^	00
3401. 3402.									0.0
3403. 3498.	Summary of remaining write-ins for Line 34 from overflow page								XXX
3498. 3499.	Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above)	0	ا		ر ۱	0	0		XXX
3499.	Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above)	J0 J		<i>)</i> [J	0	0	0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

	PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES Reported Losses Incurred But Not Reported 8						Incurred But Not Reported	1	8	9
		1	2	3	4	5	6	7	7	
	Line of Desires	Pirrot	Reinsurance	Deduct Reinsurance	Net Losses Excluding Incurred but not Reported	Direct	Reinsurance	Reinsurance	Net Losses Unpaid	Net Unpaid Loss Adjustment
1	Line of Business	Direct	Assumed	Recoverable	(Cols. 1 + 2 - 3)	Direct	Assumed	Ceded	(Cols. 4 + 5 + 6 - 7)	Expenses
1.	Fire				0					
2.	Allied lines Farmowners multiple peril]					
3.					0					
4.	Homeowners multiple peril				0					
5.	Commercial multiple peril				0					
6.	Mortgage guaranty				0					
8.	Ocean marine				0					
9.	Inland marine				0					
10.	Financial guaranty				0	00 004 070				40.540.400
11.1	Medical professional liability - occurrence				10,703,511	22,631,878			33,335,389	10,546,480
11.2	Medical professional liability - claims-made				4,555,000	4,091,849				1,929,541
12.	Earthquake									
13.	Group accident and health				0				(a)0	
14.	Credit accident and health (group and individual)				0					
15.	Other accident and health				0				(a)0	
16.	Workers' compensation				0					
17.1	Other liability - occurrence				350,000	255,173				238,895
17.2	Other liability - claims-made				0					
17.3	Excess workers' compensation				0				0	
18.1	Products liability - occurrence				0				0	
18.2	Products liability - claims-made				0				0	
	Private passenger auto liability				0				0	
	Commercial auto liability				0				0	
21.	Auto physical damage				0				0	
22.	Aircraft (all perils)				0				0	
23.	Fidelity				0				0	
24.	Surety				0				0	
26.	Burglary and theft				0				0	
27.	Boiler and machinery				J0					
28.	Credit				J0					
29.	International				J0					
30.	Warranty				J0					
31.	Reinsurance - nonproportional assumed property				J0	XXX				
32.	Reinsurance - nonproportional assumed liability				0				0	
33.	Reinsurance - nonproportional assumed financial lines	XXX			0	XXX				
34.	Aggregate write-ins for other lines of business	0	0				0			0
35.	TOTALS	15,608,511	0			26,978,900	0		42,587,411	12,714,916
					OF WRITE-INS	1			1	1
3401.					0					
3402.					0					
3403.					0					
3498.	Summary of remaining write-ins for Line 34 from overflow page		0	0	0	0				•
3499.	Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above)	0	0	0	10	0	0		00	0

Including \$......0 for present value of life indemnity claims.

PART 3 - EXPENSES

	IANIV	- EXPENSES	-		
		1 Loss Adjustment	2 Other Underwriting	3 Investment	4
1.	Claim adjustment services:	Expenses	Expenses	Expenses	Total
1.	1.1 Direct	(5/2 18/)			(542,184)
	1.2 Reinsurance assumed.	1			
	1.3 Reinsurance ceded				
2.		(542,104)	0	U	(542,104)
۷.	Commission and brokerage: 2.1 Direct, excluding contingent		100 026		100 026
	2.2 Reinsurance assumed, excluding contingent		108,030		0
	Reinsurance assumed, excluding contingent				
	2.4 Contingent - direct				
	2.5 Contingent - reinsurance assumed				0
	2.6 Contingent - reinsurance ceded				
	 2.7 Policy and membership fees. 2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7) 				
2	2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)				
3.					
4.	Advertising				
5. 6.	Boards, bureaus and associations				_
	Surveys and underwriting reports				0
7.	Audit of assureds' records				0
8.	Salary and related items:		4 000 000		4 000 000
	8.1 Salaries				
	8.2 Payroll taxes		71,387		1
9.	Employee relations and welfare				12,942
10.	Insurance		78,661		
11.	Directors' fees		4,250		,
12.	Travel and travel items.		,		32,617
13.	Rent and rent items		94,887		
14.	Equipment		27,570		,
15.	Cost or depreciation of EDP equipment and software				
16.	Printing and stationery				14,399
17.	Postage, telephone and telegraph, exchange and express				17,034
18.	Legal and auditing				325,429
19.	Totals (Lines 3 to 18)	0	1,688,258	0	1,688,258
20.	Taxes, licenses and fees:				
	20.1 State and local insurance taxes deducting guaranty association credits		50.057		50.057
	of \$0		•		1
	20.2 Insurance department licenses and fees				1
	20.3 Gross guaranty association assessments				
	 20.4 All other (excluding federal and foreign income and real estate) 20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4) 				
04					
21.	Real estate expenses				
22.	Real estate taxes.				
23.	Reimbursements by uninsured plans				
24.	Aggregate write-ins for miscellaneous expenses				
25.	Total expenses incurred				
26.	Less unpaid expenses - current year				
27.	Add unpaid expenses - prior year				
28.	Amounts receivable relating to uninsured plans, prior year				
29.	Amounts receivable relating to uninsured plans, current year				
30.	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	•	1,988,000	231,240	3,163,649
		S OF WRITE-INS		T	T
	Investment expenses				
	Interest/LOC expense				
	Charitable contributions				13,543
	Summary of remaining write-ins for Line 24 from overflow page				
2499.	Totals (Lines 2401 thru 2403 plus 2498) (Line 24 above)	. 0	89,754	234,802	324,556

⁽a) Includes management fees of \$......0 to affiliates and \$......0 to non-affiliates.

Annual Statement for the year 2014 of the Medical Malpractice Joint Underwriting Association of Rhode Island **EXHIBIT OF NET INVESTMENT INCOME**

	EXHIBIT OF NET INVESTMENT INC	<u> </u>		1
			1	2
			Collected	Earned
			During Year	During Year
1.	U.S. government bonds		490,793	
1.1	Bonds exempt from U.S. tax	` '	·	722,634
1.2	Other bonds (unaffiliated)	` '		3,014,320
1.3	Bonds of affiliates	(-)		
2.1	Preferred stocks (unaffiliated)	(- /		
	Preferred stocks of affiliates	٠,		
2.2	Common stocks (unaffiliated)			
2.21	Common stocks of affiliates			
3.	Mortgage loans	(c)		
4.	Real estate	(d)		
5.	Contract loans			
6.	Cash, cash equivalents and short-term investments	(e)	3,282	812
7.	Derivative instruments	(f)		
8.	Other invested assets		1,073,590	1,050,842
9.	Aggregate write-ins for investment income		0	0
10.	Total gross investment income		5,330,332	5,277,810
11.	Investment expenses			
12.	Investment taxes, licenses and fees, excluding federal income taxes			(g)
13.	Interest expense			(h)
14.	Depreciation on real estate and other invested assets			(i)0
15.	Aggregate write-ins for deductions from investment income			l`
16.	Total deductions (Lines 11 through 15)			8
17.	Net investment income (Line 10 minus Line 16)			
	DETAILS OF WRITE-INS			-1, -1,
0901.				
	Summary of remaining write-ins for Line 9 from overflow page			0
	Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)			
	Carlos 600 t and 6000 plus 6000) (Elite 6 disorte)	•		
	Summary of remaining write-ins for Line 15 from overflow page			
	Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above)			
	Includes \$115,040 accrual of discount less \$650,807 amortization of premium and less \$73,630 paid for accrued			J
(a)	Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued dividends			
(b)	Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued dividends			
(c)	Includes \$0 accrual or discount less \$0 amortization of premium and less \$0 paid for accrued interest of Includes \$0 for company's occupancy of its own buildings; and excludes \$0 interest on encumbrances.	purcha	1303.	
(d)	Includes \$0 for company's occupancy or its own buildings; and excludes \$0 interest on encumbrances. Includes \$4,616 accrual of discount less \$16,489 amortization of premium and less \$0 paid for accrued interest.	ot on a	rahaaa	
(e)		st on pu	iciiases.	
(T)	Includes \$0 accrual of discount less \$0 amortization of premium.	-11-9-	table to Committed and the	Cananata Assaurt
(g)	Includes \$0 investment expenses and \$0 investment taxes, licenses and fees, excluding federal income taxes	, attribu	table to Segregated and	Separate Accounts.
(h)	INCLUDES \$ 11 INTEREST ON CURNILS NOTES AND \$ 11 INTEREST ON CANITAL NOTES			

(h) Includes $\dots 0$ interest on surplus notes and $\dots 0$ interest on capital notes.

(i) Includes \$....... depreciation on real estate and \$...... depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	LAHIDH	OF CAPITA	L OVIIAO (F	.000L0 <i>j</i>		
		1	2	3	4	5
		Realized				Change in
		Gain (Loss)	Other	Total Realized	Change in	Unrealized
		on Sales	Realized	Capital Gain (Loss)	Unrealized	Foreign Exchange
		or Maturity	Adjustments	(Columns 1 + 2)	Capital Gain (Loss)	Capital Gain (Loss)
1.	U.S. government bonds			0		
1.1	Bonds exempt from U.S. tax	1,468		1,468		
1.2	Other bonds (unaffiliated)	75,035		75,035		
1.3	Bonds of affiliates			0		
2.1	Preferred stocks (unaffiliated)			0		
2.11	Preferred stocks of affiliates			0		
2.2	Common stocks (unaffiliated)			0		
2.21	Common stocks of affiliates			0		
3.	Mortgage loans			0		
4.	Real estate			0		
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments	10				
7.	Derivative instruments			0		
8.	Other invested assets			0		
9.	Aggregate write-ins for capital gains (losses)		0	820,130	315,239	0
10.	Total capital gains (losses)		0	896,643	315,239	0
	,	DETAILS OF			•	
0901.	Stabilization Reserve Fund	820,130		820,130	315,239	
0902.				0	,	
0903.				0		
0998	Summary of remaining write-ins for Line 9 from overflow page		0	0	0	0
	Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)			820.130	315.239	0
0000.	. 3.5.5 (2 3 3 3 3 3 4 4					

Annual Statement for the year 2014 of the Medical Malpractice Joint Underwriting Association of Rhode Island

EXHIBIT OF NONADMITTED ASSETS

		Current Year Total	Prior Year Total	Change in Total Nonadmitted Assets
		Nonadmitted Assets	Nonadmitted Assets	(Col. 2 - Col. 1)
1.	Bonds (Schedule D)			0
2.	Stocks (Schedule D):			
	2.1 Preferred stocks			
	2.2 Common stocks			0
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First liens			0
	3.2 Other than first liens			0
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company			0
	4.2 Properties held for the production of income			0
	4.3 Properties held for sale			0
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			0
6.	Contract loans			0
7.	Derivatives (Schedule DB)			0
8.	Other invested assets (Schedule BA)			0
9.	Receivables for securities			0
10.	Securities lending reinvested collateral assets (Schedule DL)			0
11.	Aggregate write-ins for invested assets			
	Subtotals, cash and invested assets (Lines 1 to 11)			
13.	Title plants (for Title insurers only)			
14.	Investment income due and accrued			
	Premiums and considerations:			
10.	15.1 Uncollected premiums and agents' balances in the course of collection			0
	15.2 Deferred premiums, agents' balances and installments booked but			
		NIC		0
	deferred and not yet due	INC		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			
17	Amounts receivable relating to uninsured plans			
	Current federal and foreign income tax recoverable and interest thereon			
	Net deferred tax asset			
	Guaranty funds receivable or on deposit			
	Electronic data processing equipment and software			
21.	Furniture and equipment, including health care delivery assets			
	Net adjustment in assets and liabilities due to foreign exchange rates			
23.	Receivables from parent, subsidiaries and affiliates			
	Health care and other amounts receivable			
25.	Aggregate write-ins for other than invested assets			
	Total assets excluding Separate Accounts, Segregated Accounts and Protected	U	U	
26.	Cell Accounts (Lines 12 through 25)	0	0	0
27	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
	TOTALS (Lines 26 and 27)			
1101	DETAILS OF			
	Common of consists with installing 141 from quality and			
	Summary of remaining write-ins for Line 11 from overflow page			
	Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)			
	0			
	Summary of remaining write-ins for Line 25 from overflow page			
2599.	Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	<u> 0</u>	<u> 0</u>	<u> 0</u>

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

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.
- 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

- A. The company did not have any accounting changes in the prior or current year.
- B. There are no material changes resulting from codification.

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

A. Components of the Net Deferred Tax Assets/(Liabilities) at December 31 are as follows:

1. DTA/DTL Components		12/31/14		12	2/31/13	
•	Ordinary	Capital	Total	Ordinary	Capital	
(a) Gross deferred tax assets	1,843,255	0	1,843,255	2,216,993	0	
(b) Statutory valuation						
allowance adjustments	0	0	0	0	0	
(c) Adjusted gross deferred tax						
assets	1,843,255	0	1,843,255	2,216,993	0	
(d) Deferred tax assets						
nonadmitted	0	0	0	0	0	
(e) Subtotal net admitted						
deferred tax asset	1,843,255	0	1,843,255	2,216,993	0	
(f) Deferred tax liabilities	46,798	1,762,580	1,809,378	66,175	1,655,398	
(g) Net admitted deferred tax						
asset/(net deferred tax liability)	1,796,457	(1,762,580)	33,877	2,150,818	(1,655,398)	

	Change	
Ordinary	Capital	Total
(373,738)	0	(373,738)
0	0	0
(373,738)	0	(373,738
0	0	0
(373,738) (19,377)	0 107,182	(373,738) 87,805
(354,361)	(107,182)	(461,543)

2. Admission Calculation Components

12/31/14 12/31/13 Change

Total 2,216,993

2,216,993

2.216.993 1,721,573

0

Admission Calculation Components Under paragraphs 11.a., 11.b., and 11.c.

	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	814,080	0	814,080	1,005,418	0	1,005,418	(191,338)	0	(191,338)
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above after application of the threshold limitation. (the									
lesser of 2(b) 1 and 2(b) 2 below)	1,029,175	0	1,029,175	610,974	0	610,974	418,201	0	418,201
Adjusted gross deferred tax assets expected to be realized following the balance sheet date Adjusted gross deferred tax assets allowed per limitation	1,029,175	0	1,029,175	610,974	0	610,974	418,201	0	418,201
threshold (c) Adjusted gross deferred tax assets (excluding the amount	XXX	XXX	13,649,834	xxx	XXX	12,903,954	xxx	XXX	745,880
of deferred ax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	0	0	0	600,601	0	600,601	(600,601)	0	(600,601)
(d) Deferred tax assets admitted as the result of application of SSAP No. 101.	1,843,255	0	1,843,255	2,216,993	0	2,216,993	(373,738)	0	(373,738)

3. Threshold used in 11.b.

(a) Ratio percentage used to determine recovery period and threshold limitation amount

(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above.

<u>2014</u>	<u>2013</u>
998%	923%
90.998.896	86.026.363

4. Impact of tax planning strategies		<u>12/31/14</u>			<u>12/31/13</u>			<u>Change</u>	
	Ordinary %	Capital %	Total %	Ordinary %	Capital %	Total %	Ordinary %	Capital %	Total %
(a) Adjusted gross DTAs - (% of total	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
adjusted gross DTAs) (b) Net admitted DTAs - (% of total net admitted adjusted gross DTAs)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(c) Does the Company's tax-planning strate include the use of reinsurance?	gies	Yes		No	X				

- B. In 2013 and 2012 there were no temporary differences for which a deferred tax liability was not established.
- C. Current income taxes incurred consist of the following major components:

4. Ourseyt Income Tour	<u>12/31/14</u>	12/31/13	Change
1. Current Income Tax	4.040.507	(004.400)	4 000 000
(a) Federal (b) Foreign	1,048,527 (456)	(234,139) (184)	1,282,666 (272)
(c) Subtotal	1,048,071	(234,323)	1,282,394
(d) Federal income tax on net capital gains	304,859	320,496	(15,637)
(e) Utilization of capital loss carry-forwards	0	0	(13,037)
(f) Other	(97,414)	102,893	(200,307)
(g) Federal and foreign income taxes incurred	1,255,515	189,066	1,066,449
2. Deferred Tax Assets:			
(a) Ordinary:			(00= 00=)
(1) Discounting of unpaid losses	1,678,443	1,946,428	(267,985)
(2) Unearned premium reserves	164,812	172,268	(7,456)
(3) Policyholder reserves	0	0	0
(4) Investments	0	0	0
(5) Deferred acquisition costs	0	0	0
(6) Policyholder dividends accrual	0	0	0
(7) Fixed assets	0	0	0
(8) Compensation and benefits accrual	0	0	0
(9) Pension accrual	0	0	0
(10) Receivables - nonadmitted	0	0	0
(11) Net operating loss carry-forward (12) Tax credit carry-forward	0	98,298	(08.208)
(13) Other assets - nonadmitted	0	96,296	(98,298) 0
(14) Other	0	0	0
Subtotal	1,843,255	2,216,994	(373,739)
(b) Statutory valuation allowance adjustment	1,043,233	2,210,994	(373,739)
(c) Nonadmitted	0	0	0
(d) Admitted ordinary deferred tax assets			(373,739)
_ · · · ·	1,843,255	2,216,994	(373,739)
(e) Capital:	0	0	0
(1) Investments (2) Real estate	0 0	0 0	0
(3) Other	0	0	0
Subtotal			0
	0	0	
(f) Statutory valuation allowance adjustment	0	0	0
(g) Nonadmitted	0	0	0
(h) Admitted capital deferred tax assets	0	0	
(i) Admitted deferred tax assets	1,843,255	2,216,994	(373,739)
3. Deferred Tax Liabilities			
(a) Ordinary			
(1) Investments	0	0	0
(2) Fixed assets	0	0	0
(3) Deferred and uncollected premium	0	0	0
(4) Policyholder reserves	0	0	0
(5) Market discount on bonds	42,861	63,164	(20,303)
(6) Other - Accrued dividends	3,937	3,012	925
Subtotal	46,798	66,176	(19,378)
(b) Capital			<u> </u>
(1) Investments	1,762,580	1,655,398	107,182
(2) Real estate	0	0	0
(3) Other	0	0	0
Subtotal	1,762,580	1,655,398	107,182
(c) Deferred tax liabilities	1,809,378	1,721,574	87,804
4. Net deferred tax assets/(liabilities)	33,877	495,420	(461,543)
_			

D. The provision for federal and foreign income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

	<u>12/31/14</u>	Effective Tax Rate
Provision computed at statutory rate	2,010,354	34.00%
Tax exempt interest	(452,605)	-7.65%
Travel & entertainment	83	0.00%
Tax Exempt Expenses	23,845	.40%
Dividends received deduction	(42,990)	73%
Proration	70,762	1.20%
Foreign Taxes	(456)	01%
Prior year/other	883	0.01%
Total	1,609,876	27.23%
Federal and foreign income taxes incurred	950,656	16.08%
Realized capital gains (losses) tax	304,859	5.16%
Change in net deferred income taxes	354,361	5.99%
Total statutory income taxes	1,609,876	27.23%

- E. Carryforwards, recoverable taxes, and IRC Sec. 6603 deposits:
 - 1. The Company does not have any carryforwards as of 12/31/14.
 - 2. The following are federal income taxes incurred in the current and prior years that will be available for recoupment in the event of future losses:

	<u>Ordinary</u>	<u>Capital</u>	<u>Total</u>
12/31/14 (current year)	\$ 938,168	\$ 304,859	\$ 1,243,027
12/31/13 (1st preceding year)	\$ -	\$ 196,959	\$ 196,959
12/31/12 (2nd preceding year)	N/A	\$ 394,294	\$ 394,294

- 3. The Company has not made any deposits regarding the suspension of running interest (protective deposits) pursuant to Internal Revenue Code Section 6603.
- F. The Company does not file as part of a consolidated return and is not a party to any tax sharing agreement.
- G. The company has no federal or foreign tax loss contingencies as determined in accordance with SSAP No. 5R, Liabilities, Contingencies and Impairments of Assets, with the modifications provided in SSAP No. 101, Income Taxes A Replacement of SSAP No. 10R and SSAP No. 10, for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

SSAP No. 101 requires that a valuation allowance be established to reduce gross deferred tax assets if, based on the weight of available evidence, it is more likely than not that some portion or all of the deferred tax asset will not be realized. Valuation allowances on the gross deferred tax asset are evaluated based on management's assessment of the recoverability. Management determined that a valuation allowance was not neccessary as management anticipates that it is more likely than not that the Company will be able to recover all of their deferred tax assets.

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

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 until 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 2014 equal \$2,716,518. 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.

At December 31, 2014, the Company did not have any assets measured at Fair Value.

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 has no assets or liabilities measured at fair value in the Level 2 and 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 fiancial instruments. The fair values are also categorized into the three-level fair value hierarchy as described above in Note 20A.

Type of Financial Instrument	Fair Value	Admitted Value	Level 1	Level 2	Level 3	Not Practical (Carrying Value)
Financial Instruments - assets						
Bonds	102,747,131	94,098,332	-	102,747,131	- '	-
Cash, cash equivalents and short-term investments	1,848,042	1,848,042	1,848,042	-	-	-
Other invested assets	53,064,558	51,992,085	17,768,766	35,295,792	-	-
L	4== 0=0 =0.4		10.010.000	100 0 10 000		
Total assets	157,659,731	147,938,459	19,616,808	138,042,923	-	-

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

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 \$160 thousand as of December 31, 2014.
 - (2) Direct exposure through investments in subprime mortgage loans (Schedule B)

(3) Direct exposure through other investments

	Amortized	Book/Adj.	Fair Mkt	OTTI
	<u>Cost</u>	<u>Carry Value</u>	<u>Value</u>	<u>Recognized</u>
Residential MBS Sub Prime	159,605	159,605	160,748	

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

For the policy periods beginning April 1, 2014 and 2013 the Medical Malpractice Joint Underwriting Association of Rhode Island ("the Association") entered into three catastrophic reinsurance contracts. A "Form D Prior Notice of Transaction" was filed with the State of Rhode Island Insurance Department to meet the regulatory filing requirements given under R.I. Gen. Laws section 27-35-4(b)(3).

These reinsurance contracts are intended to cover any losses that arise out of litigated court rulings that are in excess of the original policy limits of \$1,000,000. The Association has a 5% coinsurance under each of the three contracts. The contracts were placed through Lloyd & Partners Limited. For information on participation please refer to Schedule F.

There were three reinsurance contracts for the term April 1, 2014 through April 1, 2015. The premium of the reinsurance contracts is \$670,000. Contract details are:

Contract	Consideration	Layer
Number		
PH1303594	\$290,000	1,000,000 to 5,000,000
PH1303595	\$190,000	5,000,000 to 10,000,000
PH1303596	\$190,000	10,000,000 to 20,000,000
Total	\$670,000	

There were three reinsurance contracts for the term April 1, 2013 through April 1, 2014. The premium of the reinsurance contracts is 669,648. Contract details are:

Contract Number	Consideration	Layer
PH1303594	\$289,836	1,000,000 to 5,000,000
PH1303595	\$189,911	5,000,000 to 10,000,000
PH1303596	\$189,901	10,000,000 to 20,000,000
Total	\$669,648	

G. Reinsurance Accounted for as a Deposit

Not applicable

H. Run-off Agreements

I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not applicable

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

Pursuant to section 6 of regulation 21, all policies issued by the Association are subject to a non-profit Group Retrospective Rating Plan ("GRRP"). The GRRP document was submitted and approved by the Director of the Department of Business Regulation. Under the plan of the GRRP, the final premium for policy holders of the association, as a group, will be equal to the administrative expenses, loss and loss adjustment expenses and taxes, plus a reasonable allowance for contingencies and servicing. Policy holders shall be given full credit for all investment income, net of expenses and a reasonable management fee on policyholder supplied funds. Section 2 of the GRRP document state that the association shall return to its policy holders insured during each annual rating period any excess premiums computed to be due for such annual rating period. Such premium returns shall be made through the stabilization reserve fund ten years after the expiration of each annual rating period or when all reported claims for annual rating period are closed, whichever is later.

Section 7 of the regulation creates a stabilization reserve fund ("SRF"). All funds in the SRF are to be held in trust and used to replenish the underwriting fund, if and when necessary, at the sole discretion of the director. All investment income of the SRF, less all expenses of administering the SRF, are to be credited annually to the underwriting fund of the Association.

Any funds left in the SRF after all retrospective premium charges have been paid to the underwriting fund are to be returned to the policyholders under procedures authorized by the director. Section 4 of the GRRP document requires the SRF funds on policies which have been terminated at the insured's request or otherwise shall be held in trust for ten years from the date of termination and shall be distributed at that time or when all reported claims against the policyholder are closed, whichever is later.

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)	12/31/2014	12/31/2013
Unpaid losses and LAE at beginning of year	61,094	62,185
Losses and LAE incurred in current year:	328	4,759
Income Statement amounts	328	4,759
Losses and LAE paid in current year:	(6,120)	(5,850)
Underwriting exhibits paid amounts	(6,120)	(5,850)
Unpaid losses and LAE at end of period	55,302	61,094

Note 26 - Intercompany Pooling Arrangements

Not applicable

Note 27 - Structured Settlements

A. The company has purchased annuities from life insurers under which the claimants are payees. These annuities have not been used to reduce unpaid losses as of the end of the current year, because all of them were purchased in prior years. (See Note 14)

B.

Life Insurance Company	Licensed in Companies State of Domicile	Statement Value (i.e., Present Value of Annuities)
Cigna Financial	N/A	\$1,677,948
Monarch Life	YES	232,329
First Colony	N/A	2,389,407
Genworth Life	YES	117,931
Aurora National Life	YES	4,272,243
Colonial Penn	YES	330,768
AXA Equitable	N/A	910,004
Executive Life Insurance of NY (as liquidated)	YES	2,904,444
Total		\$12,835,074

There were no other changes to purchased annuities.

Note 28 - Health Care Receivables

Not applicable

Note 29 - Participating Policies

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

Annual Statement for the year 2014 of the Medical Malpractice Joint Underwriting Association of Rhode Island **GENERAL INTERROGATORIES**

PART 1 - COMMON INTERROGATORIES - GENERAL

1.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which		
	is an insurer?	Yes[]	No [X]
1.2	If yes, complete Schedule Y, Parts 1, 1A and 2. If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes []	No[]	N/A [X]
1.3	State regulating?		
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	V []	Na CV 1
2.2	reporting entity? If yes, date of change:	Yes [] N/A	No [X]
3.1	State as of what date the latest financial examination of the reporting entity was made or is being made.	12/31/201	0
3.2	State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity.	, 0 ., _ 0 .	•
	This date should be the date of the examined balance sheet and not the date the report was completed or released.	12/31/201	0
3.3	State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the		
	reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).	04/11/201	2
3.4	By what department or departments? State of Rhode Island Department of Business Regulation, Insurance Division		
3.5	Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement	No. 1	NI/A []
3.6	filed with departments? Have all of the recommendations within the latest financial examination report been complied with? Yes [X] Yes [X]	No [] No []	N/A [] N/A []
4.1	During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination		
	thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:		
	4.11 sales of new business?	Yes[]	No[X]
	4.12 renewals?	Yes[]	No [X]
4.2	During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate,		
	receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:	Vee []	No IV 1
	4.21 sales of new business? 4.22 renewals?	Yes[] Yes[]	No [X] No [X]
5.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?	Yes[]	No [X]
5.2	If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased		
	to exist as a result of the merger or consolidation.		
	Name of Entity NAIC Co. Code State of Domicile		
6.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? If yes, give full information:	Yes[]	No [X]
7.1	Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?	Yes[]	No [X]
7.2	If yes,		
	 7.21 State the percentage of foreign control 7.22 State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact) 		%
	corporation, government, manager of attorney-in-fact)		
	Nationality Type of Entity		
8.1 8.2	Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? If response to 8.1 is yes, please identify the name of the bank holding company.	Yes[]	No [X]
8.3 8.4	Is the company affiliated with one or more banks, thrifts or securities firms? If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.	Yes[]	No [X]
	1 2 3 4 5 6 Affiliate Name Location (City, State) FRB OCC FDIC SEC		
9.	What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? Saslow, Lufkin & Buggy, LLP 175 Powder Forest Drive, Simsbury, CT 06089		
10.1	Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant		
10.1	requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar		
10.2	state law or regulation? If the response to 10.1 is yes, provide information related to this exemption:	Yes[]	No [X]
10.0			
	Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? If the response to 10.3 is yes, provide information related to this exemption:	Yes[]	No [X]

Annual Statement for the year 2014 of the Medical Malpractice Joint Underwriting Association of Rhode Island **GENERAL INTERROGATORIES**

PART 1 - COMMON INTERROGATORIES - GENERAL

10.5 10.6	Has the reporting entity established If the answer to 10.5 is no or n/a, p	ed an Audit Committee in compliance with the please explain.	e domiciliary state insurance laws? Yes	[X]	No []	N/A []	-
11.	consulting firm) of the individual pr	filiation (officer/employee of the reporting entroviding the statement of actuarial opinion/ce, Milliman, 289 Edgewater Drive, Wakefield,					
12.1	Does the reporting entity own any 12.11 Name of real estate holding	securities of a real estate holding company on g company	or otherwise hold real estate indirectly?		Yes[]	No [X]	_
12.2	12.12 Number of parcels involve 12.13 Total book/adjusted carryi If yes, provide explanation.						=
13. 13.1		ES OF ALIEN REPORTING ENTITIES ONLY uring the year in the United States manager	/: or the United States trustees of the reporting entity?				- - -
13.2 13.3 13.4 14.1	Have there been any changes ma If answer to (13.3) is yes, has the Are the senior officers (principal ed) of the reporting entity subject to a a. Honest and ethical conduct b. Full, fair, accurate, timely c. Compliance with applicable	de to any of the trust indentures during the y domiciliary or entry state approved the chang xecutive officer, principal financial fina	yes? Yes ncipal accounting officer or controller, or persons performing similar fustandards? apparent conflicts of interest between personal and professional relation or reports required to be filed by the reporting entity;	[] unctions)	Yes[] Yes[] No[] Yes[X]	No[] No[] N/A[] No[]	
14.2	If the response to 14.1 is no, please. Has the code of ethics for senior management of the seni	se explain:			Yes[]	No [X]	-
14.3 14.31	Have any provisions of the code of the response to 14.3 is yes, provided the response to 14.3 is yes, provid	of ethics been waived for any of the specified vide the nature of any waiver(s).	officers?		Yes []	No [X]	
	SVO Bank List? If the response to 15.1 is yes, indicate the state of t	cate the American Bankers Association (ABA e the circumstances in which the Letter of Cr		,	Yes[]	No [X]	
	1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit		4 Amount	:	
16. 17. 18.	Does the reporting entity keep a Has the reporting entity an establishment	stments of the reporting entity passed upon complete permanent record of the proceedilished procedure for disclosure to its Board	RROGATORIES - BOARD OF DIRECTORS either by the Board of Directors or a subordinate committee thereofings of its Board of Directors and all subordinate committees thereofing of Directors or trustees of any material interest or affiliation that is in conflict or is likely to conflict with the official duties		Ye	es[X]	No [] No []
21.1	Total amount loaned during the y 20.11 To directors or other offic 20.12 To stockholders not offic 20.13 Trustees, supreme or gratial amount of loans outstandin 20.21 To directors or other offic 20.22 To stockholders not offic 20.23 Trustees, supreme or gratial were any assets reported in this such obligation being reported in	d using a basis of accounting other than State (inclusive of Separate Accounts, exclusivers ers and (Fraternal only) g at the end of year (inclusive of Separate Accers ers and (Fraternal only) statement subject to a contractual obligation the statement?		'rinciples)?	\$ \$ \$ \$ \$	/es[]	0
21.2	If yes, state the amount thereof a 21.21 Rented from others 21.22 Borrowed from others 21.23 Leased from others 21.24 Other	t December 31 of the current year:					

Annual Statement for the year 2014 of the Medical Malpractice Joint Underwriting Association of Rhode Island

PART 1	- COMMON	INTERROGATORIES -	. FINANCIAI

22.1	Does this statement include payments for assessments as describe	d in the Annual Statement Instructions other				
	fund or guaranty association assessments?		,		Yes [] No [X
22.2	If answer is yes: 22.21 Amount paid as losses or risk adjustment					
	22.22 Amount paid as expenses					
22 1	22.23 Other amounts paid	idiarias or affiliatos on Dago 2 of this stateme	nnt?		1 ooV	
	Does the reporting entity report any amounts due from parent, subs If yes, indicate any amounts receivable from parent included in the I		ent?		Yes [
24.01	Were all the stocks, bonds and other securities owned December 31		y has exclusive control,			
24.02	in the actual possession of the reporting entity on said date (other tha If no, give full and complete information relating thereto.	n securities lending programs addressed in 2	4.03)?		Yes [X]	No []
24.03	For security lending programs, provide a description of the program in collateral is carried on or off-balance sheet (an alternative is to refere					
24.04	Does the company's security lending program meet the requirements Risk-Based Capital Instructions?	for a conforming program as outlined in the		Voc []	No.1	N/A [¥]
24.05	If answer to 24.04 is yes, report amount of collateral for conforming p	rograms.		Yes []	No []	N/A [X]
24.06	If answer to 24.04 is no, report amount of collateral for other program	S.				
24.07	Does your securities lending program require 102% (domestic securit outset of the contract?	iles) and 105% (foreign securities) from the co	ounterparty at the	Yes []	No []	N/A [X]
	Does the reporting entity non-admit when the collateral received from		. (1401.4)	Yes []	No []	N/A [X]
24.09	Does the reporting entity or the reporting entity's securities lending ag to conduct securities lending?	jent utilize the Master Securities Lending Agre	eement (MSLA)	Yes []	No []	N/A [X]
24.10	For the reporting entity's security lending program, state the amount of	•	ent year:			[]
	24.101 Total fair value of reinvested collateral assets reported on Sc24.102 Total book adjusted/carrying value of reinvested collateral as					
	24.103 Total payable for securities lending reported on the liability pa	age.				
25.1	Were any of the stocks, bonds or other assets of the reporting entity of control of the reporting entity or has the reporting entity sold or transfer					
	(Exclude securities subject to Interrogatory 21.1 and 24.03)	erred arry assets subject to a put option contro	act that is currently in force?		Yes []	No [X]
25.2	If yes, state the amount thereof at December 31 of the current year:					
	25.21 Subject to repurchase agreements 25.22 Subject to reverse repurchase agreements					
	25.23 Subject to dollar repurchase agreements					
	25.24 Subject to reverse dollar repurchase agreements 25.25 Placed under option agreements					
	25.26 Letter stock or securities restricted as to sale - excluding FHL	.B Capital Stock				
	25.27 FHLB Capital Stock					
	25.28 On deposit with states25.29 On deposit with other regulatory bodies					
	25.30 Pledged as collateral - excluding collateral pledged to an FHI					
	25.31 Pledged as collateral to FHLB - including assets backing fund25.32 Other	ding agreements				
25.3	For category (25.26) provide the following:					
	1 Nature of Restriction	2 Description		3 Amount		
	Nature of Nestriction	Безаприон		Amount		
26.1 26.2	Does the reporting entity have any hedging transactions reported on a lf yes, has a comprehensive description of the hedging program been lf no, attach a description with this statement.			Yes []	Yes [] No []	No [X] N/A [X]
27.1	Were any preferred stocks or bonds owned as of December 31 of the	current year mandatorily convertible into equ	ity, or, at the option of the			
27.2	issuer, convertible into equity? If yes, state the amount thereof at December 31 of the current year:				Yes []	No [X]
28.	Excluding items in Schedule E-Part 3-Special Deposits, real estate, n					
	vaults or safety deposit boxes, were all stocks, bonds and other secu with a qualified bank or trust company in accordance with Section 1, I					
	Custodial or Safekeeping Agreements of the NAIC Financial Conditio		outdourning of official Furior	Ono	Yes [X]	No []
28.01	For agreements that comply with the requirements of the NAIC Finan	cial Condition Examiners Handbook, complete	e the following:			
	Name of Custodian(s)	Zustodian'	s Address			
	Bank of America 10	0 Westminister St., Providence, RI 02903				
20 02		Broad Street, Westerly, RI 02891	r provide the			
∠U.UŹ	For all agreements that do not comply with the requirements of the Naname, location and a complete explanation:	nio i mandiai odhuludh examilieis Handbook	, provide tile			
	1	2		3	3	
	Name(s)	Location(s)		Complete Ex	xplanation(s)	
oc -						
	Have there been any changes, including name changes, in the custor	dian(s) identified in 28.01 during the current ye	ear?		Yes []	No [X]
∠0.U4	If yes, give full and complete information relating thereto:	2	3		1	
	Old Custodian	New Custodian	Date of Change		+ Ison	
28.05	Identify all investment advisors, brokers/dealers or individuals acting		to the investment			
	accounts, handle securities and have authority to make investments of		Т			
	1 Central Registration Depository Number(s)	2 Namo) Add	7000 7000	
(107423 Conning Inc.	Name	One	Add Financial Plaza, Ha		103-2627
	- Committee in the contract of		JIR			

Annual Statement for the year 2014 of the Medical Malpractice Joint Underwriting Association of Rhode Island PART 1 - COMMON INTERROGATORIES - INVESTMENT

•	e Commission (SEC) in the Investm mplete the following schedule:							
,,	1		2)		3		
	OLIOID #		Newsorth			Book/Adjusted		
	CUSIP#		Name of M	utuai Fund		Carrying Value		
29.2999.	TOTAL					0		
or each	mutual fund listed in the table above	ve, complete the following	ing schedule:					
	1			2		3	4	
						Amount of Mutual		
	Name of Mutual Fund		Na	ame of Significant Holdi	na	Fund's Book/Adjusted Carrying Value		
	(from the above table)		110	of the Mutual Fund	9	Attributable to Holding	Date of Va	luatio
Drovida th	he following information for all short	t-term and long-term be	and all preferred et	tocks. Do not substitute	a amortized value or stat	tement value for fair value	2	
TOVIGE (I	the following information for all short	t-term and long-term be	1	2	3	Terrierit value for fall value	J.	
					Excess of Statement			
			Statement		over Fair Value (-),			
			(Admitted)	Fair	or Fair Value over			
			Value	Value	Statement (+)			
	Bonds		, ,	103,790,867	8,648,810			
	Preferred stocks			402 700 007	0			
	Totals Describe the sources or methods ut			103,790,867	8,648,810	1		
;	Statement values of bonds and pre	eferred stock have been	n determined in accorda				by a widely a	cept
	third party vendor, followed by a hirate used to calculate fair value det					to index model.	Yes[]	No
	wer to 31.1 is yes, does the reporting	-	-				100[]	140
		ng entity have a copy o	of the broker's or custodi	ian's pricing policy (hard	d copy or electronic copy	y) for all		
the ene	or custodians used as a pricing sour	rce?					Yes []	No
	wer to 31.2 is no, describe the repo	rce? orting entity's process for	or determining a reliable	e pricing source for purp	ooses of disclosure of fai			
Have all t		rce? orting entity's process for	or determining a reliable	e pricing source for purp	ooses of disclosure of fai		Yes[]	
Have all tl	wer to 31.2 is no, describe the report the filing requirements of the Purpo	rce? orting entity's process for	or determining a reliable	e pricing source for purp	ooses of disclosure of fai			
Have all the	wer to 31.2 is no, describe the report the filing requirements of the Purpo	rce? orting entity's process for	or determining a reliable	e pricing source for purp	ooses of disclosure of fai			No [
Have all the	wer to 31.2 is no, describe the report the filing requirements of the Purpo	rce? orting entity's process for	or determining a reliable	e pricing source for purp	ooses of disclosure of fai			
Have all tl	wer to 31.2 is no, describe the report the filing requirements of the Purpo	rce? orting entity's process for	or determining a reliable	e pricing source for purp	ooses of disclosure of fai			
Have all tl	wer to 31.2 is no, describe the report the filing requirements of the Purpo	rce? orting entity's process for	or determining a reliable	e pricing source for purp	ooses of disclosure of fai			
Have all t	wer to 31.2 is no, describe the report the filing requirements of the Purpo	rce? orting entity's process for	or determining a reliable	e pricing source for purp	ooses of disclosure of fai			
Have all tl	wer to 31.2 is no, describe the report the filing requirements of the Purpo	rce? orting entity's process for	or determining a reliable	e pricing source for purp	ooses of disclosure of fai			
Have all tl	wer to 31.2 is no, describe the report the filing requirements of the Purpo	rce? orting entity's process for	or determining a reliable	e pricing source for purp	ooses of disclosure of fai			
Have all tl	wer to 31.2 is no, describe the report the filing requirements of the Purpo	rce? orting entity's process for	or determining a reliable	e pricing source for purp	ooses of disclosure of fai			
Have all th	wer to 31.2 is no, describe the report the filing requirements of the Purpo	rce? orting entity's process for	or determining a reliable	e pricing source for purp	ooses of disclosure of fai			
Have all th	wer to 31.2 is no, describe the report the filing requirements of the Purpo	rce? orting entity's process for	or determining a reliable	e pricing source for purp	ooses of disclosure of fai			
Have all th	wer to 31.2 is no, describe the report the filing requirements of the Purpo	rce? orting entity's process for	or determining a reliable	e pricing source for purp	ooses of disclosure of fai			
Have all th	wer to 31.2 is no, describe the report the filing requirements of the Purpo	rce? orting entity's process for the ses and Procedures M	anual of the NAIC Secu	e pricing source for purp rities Valuation Office b	een followed?			
Have all tl	the filing requirements of the Purpor exceptions:	rce? orting entity's process for the procedures M ses and Procedures M PART 1 -	anual of the NAIC Secu	e pricing source for purprities Valuation Office b	een followed?		Yes [X]	No
Have all the first of the first	the filing requirements of the Purpor exceptions:	rce? orting entity's process forting entity's process for the ses and Procedures M PART 1 - service organizations	anual of the NAIC Secu	e pricing source for purprities Valuation Office be rities Valuation Office	een followed? S - OTHER			No
Have all the first of the first the notes that the	the filing requirements of the Purpor exceptions:	PART 1 - service organizations mount paid if any such	anual of the NAIC Secu	e pricing source for purprities Valuation Office between the source for purprities Valuation Office between the source of the so	een followed? S - OTHER al payments to	r value for Schedule D.	Yes [X]	No
Have all the first of the first the notes that the	the filing requirements of the Purpor exceptions: of payments to trade associations, name of the organization and the a	PART 1 - service organizations mount paid if any such nd statistical or rating by	anual of the NAIC Security and statistical or rating a payment represented pureaus during the period 1	e pricing source for purprities Valuation Office between the source for purprities Valuation Office between the source of the so	een followed? S - OTHER al payments to	r value for Schedule D.	Yes [X]	No
Have all the firm of the firm	the filing requirements of the Purpor exceptions: of payments to trade associations, name of the organization and the a	PART 1 - service organizations mount paid if any such nd statistical or rating by	anual of the NAIC Secu	e pricing source for purprities Valuation Office between the source for purprities Valuation Office between the source of the so	een followed? S - OTHER al payments to	r value for Schedule D.	Yes [X]	No
Amount of List the not trade ass	the filing requirements of the Purpo exceptions: of payments to trade associations, name of the organization and the associations, service organizations are	PART 1 - service organizations mount paid if any such nd statistical or rating b	- COMMON INTE and statistical or rating payment represented pureaus during the period 1 Name	e pricing source for purprities Valuation Office between the source of the totol covered by this state.	een followed? S - OTHER al payments to ement.	r value for Schedule D.	Yes [X]	No
Amount of List the nated ass	the filing requirements of the Purpo exceptions: of payments to trade associations, name of the organization and the associations, service organizations are of payments for legal expenses, if name of the firm and the amount payment of the firm and the amount payments for legal expenses, if name of the firm and the amount payments for legal expenses, if name of the firm and the amount payments for legal expenses, if name of the firm and the amount payments for legal expenses, if name of the firm and the amount payments for legal expenses, if name of the firm and the amount payments for legal expenses, if name of the firm and the amount payments for legal expenses, if name of the firm and the amount payments for legal expenses.	PART 1 - service organizations mount paid if any such nd statistical or rating b any? aid if any such paymer	- COMMON INTE and statistical or rating payment represented pureaus during the period 1 Name	e pricing source for purprities Valuation Office between the source of the totol covered by this state.	een followed? S - OTHER al payments to ement.	r value for Schedule D.	Yes [X]	No
Amount of List the nated ass	the filing requirements of the Purpo exceptions: of payments to trade associations, name of the organization and the associations, service organizations are	PART 1 - service organizations mount paid if any such nd statistical or rating b any? aid if any such paymer	- COMMON INTE and statistical or rating payment represented pureaus during the period Name	e pricing source for purprities Valuation Office between the source of the totol covered by this state.	een followed? S - OTHER al payments to ement.	r value for Schedule D. 2 Amount Paid	Yes [X]	No
Amount of List the nated ass	the filing requirements of the Purpo exceptions: of payments to trade associations, name of the organization and the associations, service organizations are of payments for legal expenses, if name of the firm and the amount payment of the firm and the amount payments for legal expenses, if name of the firm and the amount payments for legal expenses, if name of the firm and the amount payments for legal expenses, if name of the firm and the amount payments for legal expenses, if name of the firm and the amount payments for legal expenses, if name of the firm and the amount payments for legal expenses, if name of the firm and the amount payments for legal expenses, if name of the firm and the amount payments for legal expenses.	PART 1 - service organizations mount paid if any such nd statistical or rating b any? aid if any such paymer ad by this statement.	- COMMON INTE and statistical or rating payment represented pureaus during the period 1 Name	e pricing source for purprities Valuation Office between the source of the totol covered by this state.	een followed? S - OTHER al payments to ement.	r value for Schedule D.	Yes [X]	No
Amount of List the nate ass	the filing requirements of the Purpo exceptions: of payments to trade associations, name of the organization and the associations, service organizations are of payments for legal expenses, if name of the firm and the amount payments during the period covered curran LLP	PART 1 - service organizations mount paid if any such nd statistical or rating b any? aid if any such paymer ad by this statement.	- COMMON INTE and statistical or rating payment represented cureaus during the period Name 1 Name	e pricing source for purprities Valuation Office between the source of the total payments of the total payments.	een followed? S - OTHER al payments to ement.	2 Amount Paid 2 Amount Paid 98,635	Yes [X] \$	No
Amount of List the natrade ass	the filing requirements of the Purpo exceptions: of payments to trade associations, name of the organization and the associations, service organizations are of payments for legal expenses, if name of the firm and the amount prexpenses during the period covered covered to payments for expenditures in co	PART 1 - service organizations mount paid if any such nd statistical or rating b any? aid if any such paymer ad by this statement.	anual of the NAIC Secular anual of the NAIC Secular anual of the NAIC Secular and statistical or rating an payment represented and statistical or rating an payment represented and statistical or rating an payment represented 25% or management rep	ERROGATORIES bureaus, if any? 25% or more of the total covered by this state more of the total payme	een followed? S - OTHER al payments to ement. ents	2 Amount Paid 2 Amount Paid 98,635	\$ \$	No
Amount of List the natrade ass	the filing requirements of the Purpolexceptions: of payments to trade associations, name of the organization and the associations, service organizations are of the firm and the amount payments for legal expenses, if a name of the firm and the amount payments for expension to the firm and the amount payments for expenditures in contame of the firm and the amount payments for expe	PART 1 - service organizations mount paid if any such nd statistical or rating b any? aid if any such paymer ad by this statement.	anual of the NAIC Secular anual of the NAIC Secular anual of the NAIC Secular and statistical or rating an payment represented anual and statistical or rating an payment represented anual anua	ERROGATORIES bureaus, if any? 25% or more of the totod covered by this state more of the total payme	een followed? S - OTHER al payments to ement. ents of government, if an ent expenditures	2 Amount Paid 2 Amount Paid 98,635	\$ \$	No
Amount of List the natrade ass	the filing requirements of the Purpo exceptions: of payments to trade associations, name of the organization and the associations, service organizations are of payments for legal expenses, if name of the firm and the amount prexpenses during the period covered covered to payments for expenditures in co	PART 1 - service organizations mount paid if any such nd statistical or rating b any? aid if any such paymer ad by this statement.	anual of the NAIC Secular anual of the NAIC Secular anual of the NAIC Secular and statistical or rating an payment represented anual and statistical or rating an payment represented anual anua	ERROGATORIES bureaus, if any? 25% or more of the totod covered by this state more of the total payme	een followed? S - OTHER al payments to ement. ents of government, if an ent expenditures	2 Amount Paid 2 Amount Paid 98,635	\$ \$	No

Annual Statement for the year 2014 of the Medical Malpractice Joint Underwriting Association of Rhode Island **GENERAL INTERROGATORIES**

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

Does the reporting entity have any direct Med		Yes []	-
If yes, indicate premium earned on U.S. busin What portion of item (1.2) is not reported on the same same same same same same same sam	he Medicare Supplement Insurance Experience Exhibit?	\$	
Indicate total incurred claims on all Medicare	ole to Canadian and/or Other Alien not included in Item (1.2) above. Supplement insurance.	\$	
Individual policies: Most current three years:			
1.61 Total premium earned1.62 Total incurred claims			
1.63 Number of covered lives			
All years prior to most current three years:			
1.64 Total premium earned1.65 Total incurred claims			
1.66 Number of covered lives			
Group policies: Most current three years:			
1.71 Total premium earned1.72 Total incurred claims			
1.73 Number of covered lives			
All years prior to most current three years: 1.74 Total premium earned			
1.74 Total premium earned1.75 Total incurred claims			
1.76 Number of covered lives			
Health test:	1 2		
	2.1 Premium Numerator	ar	
	2.1 Premium Numerator. \$	43,331	
	2.3 Premium Ratio (2.1/2.2)	0.0	
	2.4 Reserve Numerator. \$	52,965	
	2.6 Reserve Ratio (2.4/2.5)	0.0	
Does the reporting entity issue both participat If yes, state the amount of calendar year pren 3.21 Participating policies 3.22 Non-participating policies		Yes []	
FOR MUTUAL REPORTING ENTITIES AND Does the reporting entity issue assessable po		Yes [] No [
Does the reporting entity issue non-assessab	le policies?	Yes [
· ·	extent of the contingent liability of the policyholders? I to be paid during the year on deposit notes or contingent premiums.		
FOR RECIPROCAL EXCHANGES ONLY: Does the exchange appoint local agents?		Yes [] No [
If yes, is the commission paid:		163[] 140[
5.21 Out of Attorney's-in-fact compensation5.22 As a direct expense of the exchange	Yes [Yes [
	out of the compensation of the Attorney-in-fact?] 10[]	14///[
Has any Attorney-in-fact compensation, contin	ngent on fulfillment of certain conditions, been deferred?	Yes []] No [
If yes, give full information:			
What provision has this reporting entity made without limit of loss? N/A	to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract	tissued	
probable maximum loss, the locations of cond models), if any, used in the estimation proces	coording entity's probable maximum insurance loss, and identify the type of insured exposures comprising that centrations of those exposures and the external resources (such as consulting firms or computer software s: liman, which is based on an analysis of historical data.		
types and concentrations of insured exposure	(such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the es comprising its probable maximum property insurance loss? astrophic reinsurance contracts to cover losses from litigated court rulings in excess of the original policy limit	ts.	
probable maximum loss attributable to a single	insurance protection for at least one reinstatement, in an amount sufficient to cover its estimated e loss event or occurrence? sms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its	Yes [X]] No [
		<u></u>	
Has the reporting entity reinsured any risk wit	h any other entity under a quota share reinsurance contract that includes a provision that would		
limit the reinsurer's losses below the stated quany similar provisions)?	uota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or	Yes []] No [
If yes, indicate the number of reinsurance cor			
If yes, does the amount of reinsurance credit	taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?	Yes [1 No [

Annual Statement for the year 2014 of the Medical Malpractice Joint Underwriting Association of Rhode Island **GENERAL INTERROGATORIES**

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

8.1	Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? If yes, give full information:	Yes[]	No [X]
U.L		_	
9.1	Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater	-	
	than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:		
	 (a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term; (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer; 		
	 (c) Aggregate stop loss reinsurance coverage; (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party; 		
	 (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or 		
0.0	(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity?	Yes[]	No [X]
9.2	Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under control with		
	 (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where: (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire 		
	direct and assumed premium written by the reinsurer based on its most recently available financial statement; or (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its		
0.0	affiliates in a separate reinsurance contract?	Yes []	No [X]
9.3	If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9: (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income; (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and		
	(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.		
9.4	Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:		
	(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or	Vee []	No IV1
9.5	(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.	Yes[]	No [X]
9.6	The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria: (a) The entity does not utilize reinsurance; or	Yes[]	No [X]
	(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or	Yes[]	No [X]
	(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.	Yes[]	No [X]
10.	If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurance a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done? Yes []	No []	N/A [X]
	Has this reporting entity guaranteed policies issued by any other reporting entity and now in force? If yes, give full information:	Yes[]	No [X]
12.1	If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the assets schedule, Page 2, state the amount of corresponding liabilities recorded for: 12.11 Unpaid losses	\$	
12 2	12.12 Unpaid underwriting expenses (including loss adjustment expenses) Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds:	\$ \$	
12.3	If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? Yes []	,	N/A [X]
12.4	If yes, provide the range of interest rates charged under such notes during the period covered by this statement: 12.41 From		%
12.5	12.42 To Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken		%
	by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? If yes, state the amount thereof at December 31 of current year:	Yes[]	No [X]
	12.61 Letters of credit 12.62 Collateral and other funds		
13.1	Largest net aggregate amount insured in any one risk (excluding workers' compensation):	\$	
13.2	Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?	γ Yes[]	No [X]
13.3	State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount.		0

18.4 If yes, please provide the balance of the funds administered as of the reporting date.

Annual Statement for the year 2014 of the Medical Malpractice Joint Underwriting Association of Rhode Island **GENERAL INTERROGATORIES**

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

	Is the company a cedant in a multiple cedant reinsurance contract? If yes, please describe the method of allocating and recording reinsurance among the cedants:					Yes []	No [X]	
14.4	If the answer to 14.1 is yes, are the If the answer to 14.3 is no, are all t If the answer to 14.4 is no, please	he methods described in 14.2	•		edant reinsurance contra	acts?	Yes [Yes [•	No [] No []
	Has the reporting entity guaranteed If yes, give full information:	d any financed premium accou	unts?				Yes []	No [X]
16.1	Does the reporting entity write any If yes, disclose the following inform	-	h maa af warrank as war				Yes []	No [X]
	16.11 Home	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium					
17.1	Does the reporting entity include at Incurred but not reported losses or Provide the following information for 17.11 Gross amount of unauthoriz 17.12 Unfunded portion of Interrog 17.13 Paid losses and loss adjust 17.14 Case reserves portion of Int 17.15 Incurred but not reported por 17.16 Unearned premium portion 17.17 Contingent commission por Provide the following information for 17.18 Gross amount of unauthoriz 17.19 Unfunded portion of Interrog 17.20 Paid losses and loss adjust 17.21 Case reserves portion of Int 17.22 Incurred but not reported por 17.23 Unearned premium portion 17.24 Contingent commission por 17.24 Contingent commission por 17.25 Incurred commission por 17.26 Incurred commission por 17.27 Incurred commission por 17.28 Incurred commission por 17.29 Incurre	or contracts in force prior to July or this exemption: ted reinsurance in Schedule Figatory 17.11 ment expenses portion of Intererogatory 17.11 ordin of Interrogatory 17.11 tion of Interrogatory 17.11 or all other amounts included interest in Schedule Figatory 17.18 ment expenses portion of Intererogatory 17.18 ment expenses portion of Intererogatory 17.18 ordin of Interrogatory 17.18 ordin of Interrogatory 17.18 ordin of Interrogatory 17.18	y 1, 1984, and not subset F-Part 3 excluded from S rrogatory 17.11 In Schedule F-Part 3 and F-Part 3 excluded from S	equently renewed are executed are exec	empt from inclusion in Sc	rhedule F-Part 5.			
18.2	Do you act as a custodian for healt If yes, please provide the amount of Do you act as an administrator for	h savings account? of custodial funds held as of th	e reporting date.				Yes [Yes []	No [X]

Annual Statement for the year 2014 of the Medical Malpractice Joint Underwriting Association of Rhode Island FIVE-YEAR HISTORICAL DATA

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

	Show amounts in whole dollars only, no cents; sh	1	2	3	4	5
		2014	2013	2012	2011	2010
	Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)				3,261,384	4,124,240
2.	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
3.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
4.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
5.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
6.	Total (Line 35)	2,716,518	2,945,151	3,150,799	3,261,384	4,124,240
	Net Premiums Written (Page 8, Part 1B, Col. 6)					
7.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
8.	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
9.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
10.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
11.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
12.	Total (Line 35)	2,716,518	2,945,151	3,150,799	3,261,384	4,124,240
	Statement of Income (Page 4)					
13.	Net underwriting gain (loss) (Line 8)	504,416	(3,610,792)	(2,018,221)	1,679,848	(2,478,378)
14.	Net investment gain (loss) (Line 11)	5,634,792	5,903,936	6,812,492	6,985,099	7,410,734
15.	Total other income (Line 15)	(531,269)	(643,393)	(671,209)	(689,543)	3,299,597
16.	Dividends to policyholders (Line 17)					
17.	Federal and foreign income taxes incurred (Line 19)	950,656	(131,430)	497,100	1,660,371	1,643,439
18.	Net income (Line 20)	4,657,283	1,781,181	3,625,962	6,315,033	6,588,514
	Balance Sheet Lines (Pages 2 and 3)					
19.	Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	150,886,854	154,636,154	155,467,111	159,596,454	166,842,716
20.	Premiums and considerations (Page 2, Col. 3):					
	20.1 In course of collection (Line 15.1)	191,613	223,148	193,429	169,596	278,331
	20.2 Deferred and not yet due (Line 15.2)	333,235	314,413	335,730	407,937	393,075
	20.3 Accrued retrospective premiums (Line 15.3)					
21.	Total liabilities excluding protected cell business (Page 3, Line 26)		68,114,370	71,651,871	80,218,735	92,938,770
22.	Losses (Page 3, Line 1)	42,587,411	46,892,684	45,501,492	53,022,298	62,967,076
23.	Loss adjustment expenses (Page 3, Line 3)				16,874,432	
24.	Unearned premiums (Page 3, Line 9)				2,739,527	3,012,350
25.	Capital paid up (Page 3, Lines 30 & 31)					
	Surplus as regards policyholders (Page 3, Line 37)				79,377,719	
	Cash Flow (Page 5)	,,,,,	, .	,,	, ,	.,,.
27.	Net cash from operations (Line 11)	(3.420.126)	(3,318,314)	(4.053.090)	(6.914.153)	1.534.072
	Risk-Based Capital Analysis	(5, 125, 125,	(5,5 : 5,5 : 1,	(,, , , ,	(5,5 : 1, 15 - 7	
28.	Total adjusted capital	91 032 773	86 521 784	83 815 241	79,377,719	73,903,946
29.	Authorized control level risk-based capital					
	Percentage Distribution of Cash, Cash Equivalents and Invested Assets	,,		,201,200	,, , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
30.	Bonds (Line 1)	63.6	64.7	66 1	67 1	67.6
31.	Stocks (Lines 2.1 & 2.2)					
32.	Mortgage loans on real estate (Lines 3.1 & 3.2)					
33.	Real estate (Lines 4.1, 4.2 & 4.3)					
34.	Cash, cash equivalents and short-term investments (Line 5)					
35.	Contract loans (Line 6)					
36.	Derivatives (Line 7)					
37.	Other invested assets (Line 8)					
38.	Receivable for securities (Line 9)					
39.	Securities lending reinvested collateral assets (Line 10)					
	, , ,					
40.	Aggregate write-ins for invested assets (Line 11)					
41.		100.0	100.0	100.0	100.0	100.0
40	Investments in Parent, Subsidiaries and Affiliates					
42.	Affiliated bonds (Sch. D, Summary, Line 12, Col. 1)					
43.	Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1)					
44. 45.	Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1)					
+ J.						
VC.	(subtotals included in Schedule DA, Verification, Column 5, Line 10)					
46.	Affiliated mortgage loans on real estate					
47.	All other affiliated					
48. 49.	Total of above lines 42 to 47 Total investment in parent included in Lines 42 to 47 above					
50.	Percentage of investments in parent, subsidiaries and affiliates to surplus					
50.	as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)	0.0				
<u> </u>	as regarde policyriolders (Line to above divided by Lage 3, Ool. 1, Line 37 x 100.0)					

Annual Statement for the year 2014 of the Medical Malpractice Joint Underwriting Association of Rhode Island FIVE-YEAR HISTORICAL DATA

(Continued)

	(Contin	iuea)				
		1	2	3	4	5
		2014	2013	2012	2011	2010
	Capital and Surplus Accounts (Page 4)					
51.	Net unrealized capital gains (losses) (Line 24)	208,058	1,080,232	401,198	(568,681)	1,317,510
52.	Dividends to stockholders (Line 35)					
53.	Change in surplus as regards policyholders for the year (Line 38)	4,510,989	2,706,543	4,437,522	5,473,773	7,684,185
54.	Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2) Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	5,175,456	4,618,907	9,059,257	10,092,300	6,011,036
55.	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
56.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
57.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
58.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
59.						
	Net Losses Paid (Page 9, Part 2, Col. 4)					
60.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	5,175,456	4,618,907	9,059,257	10,092,300	6,011,036
61.						
62.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
63.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
64.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
65.	Total (Line 35)					
	Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
66.	Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
67.	Losses incurred (Line 2)				4.2	
68.	Loss expenses incurred (Line 3)					
69.	Other underwriting expenses incurred (Line 4)	, ,	, ,		, ,	, ,
70.	Net underwriting gain (loss) (Line 8)	17.9	(114.9)	(62.4)	47.5	(45.3)
	Other Percentages					
71.	Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0)	92.8	89.6	96.7	92.1	(31.3)
72.	Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)					
73.	Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35, divided by Page 3, Line 37, Col. 1 x 100.0)					
	One Year Loss Development (000 omitted)					
74.	Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11)	(6,324)	(2,660)	(3,637)	(8,254)	(6,657)
75.	Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100)					
	Two Year Loss Development (000 omitted)			, ,	. ,	,
76.	Development in estimated losses and loss expenses incurred 2 years before the					
	current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12)	(9,175)	(6,342)	(13,233)	(13,007)	(18,309)
77.	Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end					
l	(Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0)	(10.9)	[(8.0)	(17.9)	(19.6)	(33.5)

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

18

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P - PART 1 - SUMMARY

(\$000 Omitted)

	ſ	Premiums Earne	d			Loss and	Loss Expense	Payments				12
Years in Which	1	2	3				and Cost		and Other	10	11	Number
Premiums				Loss Pa	ayments	Containmer	nt Payments	Payr	nents			of
Were				4	5	6	7	8	9	Salvage	Total	Claims
Earned and	Direct			Direct		Direct		Direct		and	Net Paid	Reported-
Losses Were	and		Net	and		and		and		Subrogation	(Cols. 4 - 5 +	Direct and
Incurred	Assumed	Ceded	(Cols. 1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	6 - 7 + 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX	860		68		7			935	XXX
2. 2005	9,986		9,986	9,145		2,791		764			12,700	XXX
3. 2006	9,320		9,320	5,489		1,481		810			7,780	XXX
4. 2007	10,577		10,577	6,825		1,953		553			9,331	XXX
5. 2008	8,447		8,447	6,620		1,190		581			8,391	XXX
6. 2009	5,764		5,764	1,687		1,034		558			3,279	XXX
7. 2010	5,477		5,477	1,946		616		410			2,972	XXX
8. 2011	3,534		3,534	2,809		277		320			3,406	XXX
9. 2012	3,233		3,233	176		284		254			714	XXX
10. 2013	3,143		3,143	35		153		273			461	XXX
11. 2014	2,822		2,822			22		212			234	XXX
12. Totals	XXX	XXX	XXX	35,592	0	9,869	0	4,742	0	0	50,203	XXX

										Adjusting	and Other	23	24	25
			Losses	Unpaid		Defer	nse and Cost (Containment L	Inpaid		paid		Total	
		Case	Basis	Bulk +	· IBNR	Case	Basis	Bulk +	- IBNR	21	22		Net	Number of
		13	14	15	16	17	18	19	20			Salvage	Losses	Claims
		Direct		Direct		Direct		Direct		Direct		and	and	Outstanding-
		and		and		and		and		and		Subrogation	Expenses	Direct and
_		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1	. Prior	4,782		378		99		47		192			5,498	XXX
2	. 2005	175		93		45		39		17			369	XXX
3	2006	20		630		58		29		49			786	XXX
4	. 2007	1,330		964		192		160		130			2,776	XXX
5	2008	300		2,214		64		390		194			3,162	XXX
6	2009	1,125		2,100		225		1,077		268			4,795	XXX
7	. 2010	2,875		3,477		220		963		414			7,949	XXX
8	. 2011	1,300		3,599		255		1,013		374			6,541	XXX
9	. 2012	1,875		3,852		233		1,418		439			7,817	XXX
10	. 2013	1,226		4,827		218		1,347		480			8,098	XXX
11	. 2014	603		4,842		143		1,457		466			7,511	XXX
12	. Totals	15,611	0	26,976	0	1,752	0	7,940	0	3,023	0	0	55,302	XXX

Г						1			1		34		
				Total Losses and			Loss Expense P		Nonta Disc		34	Net Balar Reserves af	nce Sheet ter Discount
			26	27	28	29	30	31	32	33	Inter-Company	35	36
			Direct			Direct				_	Pooling		Loss
			and			and				Loss	Participation	Losses	Expenses
ļ			Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
	1. F	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	5,160	338
	2. 2	2005.	13,069	0	13,069	130.9	0.0	130.9				268	101
	3. 2	2006.	8,566	0	8,566	91.9	0.0	91.9				650	136
	4. 2	2007.	12,107	0	12,107	114.5	0.0	114.5				2,294	482
	5. 2	2008.	11,553	0	11,553	136.8	0.0	136.8				2,514	648
	6. 2	2009.	8,074	0	8,074	140.1	0.0	140.1				3,225	1,570
	7. 2	2010.	10,921	0	10,921	199.4	0.0	199.4				6,352	1,597
	8. 2	2011.	9,947	0	9,947	281.5	0.0	281.5				4,899	1,642
	9. 2	2012.	8,531	0	8,531	263.9	0.0	263.9				5,727	2,090
	10. 2	2013.	8,559	0	8,559	272.3	0.0	272.3				6,053	2,045
	11. 2	2014.	7,745	0	7,745	274.5	0.0	274.5				5,445	2,066
	12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	42,587	12,715

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

Annual Statement for the year 2014 of the Medical Malpractice Joint Underwriting Association of Rhode Island

SCHEDULE P - PART 2 - SUMMARY

Years in Which cosses Were Incurred 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 Year Two Year 1. Prior 56,587 45,179 40,361 33,462 28,521 26,189 25,947 25,794 30,352 29,979 (373) 4,185 2. 2005 26,232 23,735 20,330 18,352 16,222 14,987 14,483 13,871 12,954 12,288 (666) (1,583) 3. 2006 XXX 20,175 18,723 17,176 15,283 10,860 9,725 8,415 7,928 7,707 (221) (708) 4. 2007 XXX			Incurre	ed Net Losses a	ind Defense an	d Cost Containr	ment Expenses	Reported at Ye	ar End (\$000 o	mitted)		DEVELO	PMENT
Which obsess Were Incurred 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 Year Two Year 1. Prior. 56,587 45,179 40,361 33,462 28,521 26,189 25,947 25,794 30,352 29,979 (373) 4,185 2. 2005. 26,232 23,735 20,330 18,352 16,222 14,987 14,483 13,871 12,954 12,288 (666) (1,583) 3. 2006. XXX. 20,175 18,723 17,176 15,283 10,860 9,725 8,415 7,928 7,707 (221) (708) 4. 2007. XXX. XXX. XXX. XXX. XXX.		1	2	3	4	5	6	7	8	9	10	11	12
Incurred 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 Year Year 1. Prior.	Which												-
2. 2005 26,232 23,735 20,330 18,352 16,222 14,987 14,483 13,871 12,954 12,288 (666) (1,583) 3. 2006 XXX 20,175 18,723 17,176 15,283 10,860 9,725 8,415 7,928 7,707 (221) (708) 4. 2007 XXX XXX 22,864 21,456 19,588 17,359 15,089 13,368 12,450 11,424 (1,026) (1,944) 5. 2008 XXX XXX XXX XXX XXX 14,991 17,654 17,178 14,819 12,080 10,778 (1,302) (4,041) 6. 2009 XXX XXX XXX XXX XXX XXX XXX XXX XXX 10,414 11,313 9,590 9,580 9,201 7,248 (1,953) (2,332) 7. 2010 XXX XXX XXX XXX XXX XXX 12,587 10,683 11,869 10,065 10,097 32 (1,772) 8. 2011 <td></td> <td>2005</td> <td>2006</td> <td>2007</td> <td>2008</td> <td>2009</td> <td>2010</td> <td>2011</td> <td>2012</td> <td>2013</td> <td>2014</td> <td></td> <td></td>		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014		
3. 2006. XXX. 20,175 18,723 17,176 15,283 10,860 9,725 8,415 7,928 7,707 (221) (708 4. 2007. XXX. XXX. 22,864 21,456 19,588 17,359 15,089 13,368 12,450 11,424 (1,026) (1,944 5. 2008. XXX. XXX. XXX. 14,912 14,991 17,654 17,178 14,819 12,080 10,778 (1,302) (4,041 6. 2009. XXX. XXX. XXX. XXX. XXX. XXX. 10,414 11,313 9,590 9,580 9,201 7,248 (1,953) (2,332 7. 2010. XXX. XXX. XXX. XXX. XXX. XXX. 10,065 10,065 10,097 32 (1,772 8. 2011. XXX. XXX. XXX. XXX. XXX. XXX. XXX. 9,962 9,943 9,253 (690) (709 9. 2012. XXX.	1. Prior	56,587	45,179	40,361	33,462	28,521	26,189	25,947	25,794	30,352	29,979	(373)	4,185
4. 2007	2. 2005	26,232	23,735	20,330	18,352	16,222	14,987	14,483	13,871	12,954	12,288	(666)	(1,583)
5. 2008 XXX XXX <td>3. 2006</td> <td>XXX</td> <td>20,175</td> <td>18,723</td> <td>17,176</td> <td>15,283</td> <td>10,860</td> <td>9,725</td> <td>8,415</td> <td>7,928</td> <td>7,707</td> <td>(221)</td> <td>(708</td>	3. 2006	XXX	20,175	18,723	17,176	15,283	10,860	9,725	8,415	7,928	7,707	(221)	(708
6. 2009	4. 2007	XXX	XXX	22,864	21,456	19,588	17,359	15,089	13,368	12,450	11,424	(1,026)	(1,944
7. 2010 XXX XXX <td>5. 2008</td> <td>XXX</td> <td>XXX</td> <td>XXX</td> <td>14,912</td> <td>14,991</td> <td>17,654</td> <td>17,178</td> <td>14,819</td> <td>12,080</td> <td>10,778</td> <td>(1,302)</td> <td>(4,041</td>	5. 2008	XXX	XXX	XXX	14,912	14,991	17,654	17,178	14,819	12,080	10,778	(1,302)	(4,041
8. 2011 XXX <	6. 2009	XXX	XXX	XXX	XXX	10,414	11,313	9,590	9,580	9,201	7,248	(1,953)	(2,332
9. 2012XXXXXXXXXXXXXXX	7. 2010	XXX	XXX	XXX	XXX	XXX	12,587	10,683	11,869	10,065	10,097	32	(1,772
10. 2013XXXXXXXXXXXX	8. 2011	XXX	XXX	XXX	XXX			'	,		'	(690)	(709
												, ,	(271)
1. 2014 XXX XXX XXX XXX XXX XXX XXX													XXX
12. Totals (6.324)(9.175	11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	, , , , , , , , , , , , , , , , , , , ,		

SCHEDULE P - PART 3 - SUMMARY

			Cumulative	e Paid Net Loss	es and Defense	e and Cost Con	tainment Exper	ses Reported a	t Year End (\$00	00 omitted)		11	12
		1	2	3	4	5	6	7	8	9	10		Number of
												Number of	Claims
	ears in											Claims	Closed
	Which											Closed With	Without
	ses Were											Loss	Loss
Ir	ncurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Payment	Payment
1.	Prior	000	3,544	9,764	16,369	17,277	19,174	20,828	23,352	23,745	24,673	XXX	XXX
2.	2005	94	325	891	2,640	4,102	7,584	11,296	11,788	11,894	11,936	XXX	XXX
3.	2006	XXX	47	323	1,029	2,514	3,314	5,145	5,957	6,969	6,970	XXX	XXX
4.	2007	XXX	XXX	128	776	2,234	3,101	5,754	8,024	8,539	8,778	XXX	XXX
5.	2008	XXX	XXX	XXX	28	726	1,374	2,821	5,673	7,073	7,810	XXX	XXX
6.	2009	XXX	XXX	XXX	XXX	41	140	346	797	2,329	2,721	XXX	XXX
7.	2010	XXX	XXX	XXX	XXX	XXX	19	442	1,143	1,406	2,562	XXX	XXX
8.	2011	XXX	XXX	XXX	XXX	XXX	XXX	19	408	880	3,086	XXX	XXX
9.	2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	98	208	460	XXX	XXX
10.	2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	47	188	XXX	XXX
11.	2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22	XXX	XXX

SCHEDULE P - PART 4 - SUMMARY

				00112		. ,		17 11 1 1			
			Bulk and	d IBNR Reserves of	on Net Losses and	Defense and Cos	st Containment Ex	penses Reported	at Year End (\$000	omitted)	
		1	2	3	4	5	6	7	8	9	10
L	Years in Which osses Were										
	Incurred	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1.	Prior	35,194	24,000	16,381	10,284	5,463	1,863	1,034	768	841	425
2.	2005	24,167	21,160	14,449	9,854	5,695	2,687	1,542	723	495	132
3.	2006	XXX	18,696	14,553	12,542	9,546	4,405	2,291	1,766	890	659
4.	2007	XXX	XXX	18,567	16,450	13,029	7,933	5,026	2,624	1,746	1,124
5.	2008	XXX	XXX	XXX	12,419	9,831	10,047	7,848	5,706	3,364	2,604
6	2009	XXX	XXX	XXX	XXX	8,658	8,886	6,878	5,851	4,626	3,177
7.	2010	XXX	XXX	XXX	XXX	XXX	10,799	8,599	7,768	5,096	4,440
8.	2011	XXX	XXX	XXX	XXX	XXX	XXX	7,938	7,664	5,692	4,612
9.	2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,567	6,280	5,270
10	. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,233	6,174
11	. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,299

Annual Statement for the year 2014 of the Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

				Allocated by	States and I	erritories				
		1	Gross Premiums, In Membership Fees Le and Premiums on 2	ncluding Policy and ess Return Premiums	4 Dividends Paid or Credited to Policyholders	5 Direct Losses Paid	6	7	8 Finance and Service Charges	9 Direct Premiums Written for Federal Pur-
	States, Etc.	Active Status	Direct Premiums Written	Direct Premiums Earned	on Direct Business	(Deducting Salvage)	Direct Losses Incurred	Direct Losses Unpaid	not Included in Premiums	chasing Groups (Incl. in Col. 2)
1.	AlabamaAL	N								
2.	AlaskaAK	N								
3.	ArizonaAZ	N								
	ArkansasAR	N								
	CaliforniaCA	N								
	ColoradoCO	N								
7. 8.	ConnecticutCT DelawareDE	N								
	DelawareDE District of ColumbiaDC	N								
	FloridaFL	N								
	GeorgiaGA	N								
12.	HawaiiHI	N								
13.	IdahoID	N								
-	IllinoisIL	N								
	IndianaIN	N								
	lowaIA	N								
17.	KansasKS	N								
18.	KentuckyKY	N								
	LouisianaLA	N								
	MaineME	N								
	MarylandMD	N								
	MassachusettsMA									
	MichiganMI									
	MinnesotaMN	N								
	MississippiMS	N								
26.	MissouriMO	N								
	MontanaMT	N								
	NebraskaNE	N								
	NevadaNV	N								
	New HampshireNH	N								
	New JerseyNJ New MexicoNM	N								
	New YorkNY	N								
	North CarolinaNC	N								
	North DakotaND	N								
	OhioOH	N								
	OklahomaOK	N								
38.	OregonOR									
	PennsylvaniaPA									
40.	Rhode IslandRI	L	2,716,518	2,822,354		5,175,456	870,183	42,587,411		
41.	South CarolinaSC	N								
42.	South DakotaSD	N								
	TennesseeTN	N								
	TexasTX									
	UtahUT	N								
	VermontVT	N								
	VirginiaVA	N								
	WashingtonWA	N								
	West VirginiaWV WisconsinWI	N								
	WyomingWY	N								
	American SamoaAS									
	GuamGU									
54.	Puerto RicoPR	N								
	US Virgin IslandsVI	N								
56.	Northern Mariana IslandsMP	N								
	CanadaCAN	N								
58.	Aggregate Other AlienOT	XXX	0	0	0	0	0	0	0	0
59.	Totals	(a)1	2,716,518	2,822,354		5,175,456	870,183	42,587,411	0	0
					ILS OF WRITE-IN					
58001.		XXX								
58002.		XXX								
58003.		XXX								
	Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
og999.	Totals (Lines 58001 thru 58003+	XXX	0		0	0	0	0	0	
(a)	Line 58998) (Line 58 above) Insert the number of "L" respon-			0	0	IU	IU	0	10	U

⁽a) Insert the number of "L" responses except for Canada and Other Alien.
(b) - Licensed or Chartered - Licensed Insurance Carrier or Domicilied 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; (N) - None of the above - Not allowed to write business in the state.

Explanation of Basis of Allocation of Premiums by States, etc.

Annual Statement for the year 2014 of the Medical Malpractice Joint Underwriting Association of Rhode Island

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

PART 1 – ORGANIZATIONAL CHART

2014 ALPHABETICAL INDEX -- PROPERTY & CASUALTY ANNUAL STATEMENT BLANK

ash Flow	5	Schedule P–Part 2G–Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery) Schedule P–Part 2H–Section 1–Other Liability–Occurrence
chibit of Capital Gains (Losses)	12	Schedule P-Part 2H-Section 2-Other Liability-Claims-Made
chibit of Net Investment Income	12	Schedule P-Part 2I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, Theft)
chibit of Nonadmitted Assets chibit of Premiums and Losses (State Page)	13 19	Schedule P–Part 2J–Auto Physical Damage Schedule P–Part 2K–Fidelity, Surety
ve-Year Historical Data	17	Schedule P-Part 2L-Other (Including Credit, Accident and Health)
eneral Interrogatories	15	Schedule P–Part 2M–International
rat Page	1	Schedule P-Part 2N-Reinsurance - Nonproportional Assumed Property
abilities, Surplus and Other Funds	3	Schedule P–Part 20–Reinsurance – Nonproportional Assumed Liability
otes To Financial Statements	14	Schedule P-Part 2P-Reinsurance – Nonproportional Assumed Financial Lines
verflow Page For Write-ins chedule A-Part 1	100 E01	Schedule P–Part 2R–Section 1–Products Liability–Occurrence Schedule P–Part 2R–Section 2–Products Liability–Claims-Made
chedule A-Part 2	E02	Schedule P-Part 2S-Financial Guaranty/Mortgage Guaranty
chedule A-Part 3	E03	Schedule P-Part 2T-Warranty
chedule A-Verification Between Years	SI02	Schedule P-Part 3A-Homeowners/Farmowners
chedule B-Part 1	E04	Schedule P-Part 3B-Private Passenger Auto Liability/Medical
chedule B-Part 2	E05	Schedule P–Part 3C–Commercial Auto/Truck Liability/Medical
chedule B-Part 3	E06	Schedule P-Part 3D-Workers' Compensation (Excluding Excess Workers Compensation)
chedule B–Verification Between Years	SI02 E07	Schedule P–Part 3E–Commercial Multiple Peril Schedule P–Part 3F–Section 1 –Medical Professional Liability–Occurrence
hedule BA-Part 2	E08	Schedule P-Part 3F-Section 2-Medical Professional Liability-Claims-Made
hedule BA-Part 3	E09	Schedule P-Part 3G-Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery)
nedule BA-Verification Between Years	SI03	Schedule P–Part 3H–Section 1–Other Liability–Occurrence
hedule D-Part 1	E10	Schedule P-Part 3H-Section 2-Other Liability-Claims-Made
hedule D-Part 1A-Section 1	SI05	Schedule P-Part 3I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, Theft)
hedule D-Part 1A-Section 2	SI08	Schedule P–Part 3J–Auto Physical Damage
nedule D-Part 2-Section 1	E11	Schedule P-Part 3K-Fidelity/Surety
hedule D-Part 2-Section 2	E12	Schedule P-Part 3L-Other (Including Credit, Accident and Health)
nedule D-Part 3 nedule D-Part 4	E13	Schedule P-Part 3M-International
nedule D-Part 4	E14	Schedule P–Part 3N–Reinsurance – Nonproportional Assumed Property Schedule P–Part 3O–Reinsurance – Nonproportional Assumed Liability
nedule D-Part 6-Section 1	E16	Schedule P-Part 30-Reinsurance – Nonproportional Assumed Enability Schedule P-Part 3P-Reinsurance – Nonproportional Assumed Financial Lines
nedule D-Part 6-Section 2	E16	Schedule P-Part 3R-Section 1-Products Liability-Occurrence
nedule D–Summary By Country	SI04	Schedule P–Part 3R–Section 2–Products Liability–Claims-Made
nedule D-Verification Between Years	SI03	Schedule P–Part 3S–Financial Guaranty/Mortgage Guaranty
nedule DA-Part 1	E17	Schedule P–Part 3T–Warranty
nedule DA-Verification Between Years	SI10	Schedule P-Part 4A-Homeowners/Farmowners
nedule DB-Part A-Section 1	E18	Schedule P-Part 4B-Private Passenger Auto Liability/Medical
nedule DB–Part A–Section 2 nedule DB–Part A–Verification Between Years	E19 SI11	Schedule P–Part 4C–Commercial Auto/Truck Liability/Medical Schedule P–Part 4D–Workers' Compensation (Excluding Excess Workers Compensation)
nedule DB-Part B-Section 1	E20	Schedule P-Part 4E-Commercial Multiple Peril
nedule DB-Part B-Section 2	E21	Schedule P-Part 4F-Section 1-Medical Professional Liability-Occurrence
nedule DB-Part B-Verification Between Years	SI11	Schedule P–Part 4F–Section 2–Medical Professional Liability–Claims-Made
nedule DB-Part C-Section 1	SI12	Schedule P-Part 4G-Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery)
nedule DB-Part C-Section 2	SI13	Schedule P–Part 4H–Section 1–Other Liability–Occurrence
nedule DB-Part D-Section 1	E22	Schedule P–Part 4H–Section 2–Other Liability–Claims-Made
nedule DB-Part D-Section 2	E23	Schedule P–Part 4I–Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)
nedule DB-Verification	SI14	Schedule P–Part 4J–Auto Physical Damage
hedule DL-Part 1	E24	Schedule P-Part 4K-Fidelity/Surety
hedule DL-Part 2 hedule E-Part 1-Cash	E25 E26	Schedule P–Part 4L–Other (Including Credit, Accident and Health) Schedule P–Part 4M–International
nedule E-Part 2-Cash Equivalents	E27	Schedule P-Part 4N-Reinsurance – Nonproportional Assumed Property
nedule E-Part 3-Special Deposits	E28	Schedule P–Part 40–Reinsurance – Nonproportional Assumed Liability
nedule E-Verification Between Years	SI15	Schedule P-Part 4P-Reinsurance - Nonproportional Assumed Financial Lines
nedule F-Part 1	20	Schedule P–Part 4R–Section 1–Products Liability–Occurrence
nedule F-Part 2	21	Schedule P–Part 4R–Section 2–Products Liability–Claims-Made
nedule F-Part 3	22	Schedule P-Part 4S-Financial Guaranty/Mortgage Guaranty
nedule F-Part 4 nedule F-Part 5	23 24	Schedule P–Part 4T–Warranty Schedule P–Part 5A–Homeowners/Farmowners
nedule F-Part 6-Section 1	25	Schedule P–Part 5B–Private Passenger Auto Liability/Medical
nedule F-Part 6-Section 2	26	Schedule P–Part 5C–Commercial Auto/Truck Liability/Medical
nedule F–Part 7	27	Schedule P–Part 5D–Workers' Compensation (Excluding Excess Workers Compensation)
nedule F–Part 8	28	Schedule P-Part 5E-Commercial Multiple Peril
nedule F-Part 9	29	Schedule P–Part 5F–Medical Professional Liability–Claims-Made
nedule H–Accident and Health Exhibit–Part 1	30	Schedule P-Part 5F-Medical Professional Liability-Occurrence
nedule H–Part 2, Part 3 and Part 4	31	Schedule P-Part 5H-Other Liability-Claims-Made
nedule H-Part 5-Health Claims	32	Schedule P-Part 5H-Other Liability-Occurrence
nedule P-Part 1-Summary redule P-Part 1A-Homeowners/Farmowners	33 35	Schedule P–Part 5R–Products Liability–Claims-Made Schedule P–Part 5R–Products Liability–Occurrence
redule P-Part 1B-Private Passenger Auto Liability/Medical	36	Schedule P-Part 5T-Warranty
nedule P-Part 1C-Commercial Auto/Truck Liability/Medical	37	Schedule P-Part 6C-Commercial Auto/Truck Liability/Medical
redule P–Part 1D–Workers' Compensation (Excluding Excess Workers Compensation)	38	Schedule P–Part 6D–Workers' Compensation (Excluding Excess Workers Compensation)
nedule P-Part 1E-Commercial Multiple Peril	39	Schedule P–Part 6E–Commercial Multiple Peril
edule P-Part 1F-Section 1-Medical Professional Liability-Occurrence	40	Schedule P-Part 6H-Other Liability-Claims-Made
redule P-Part 1F-Section 2-Medical Professional Liability-Claims-Made	41	Schedule P-Part 6H-Other Liability-Occurrence
nedule P–Part 1G-Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler & Machinery)	42 43	Schedule P–Part 6M–International Schedule P–Part 6N–Reinsurance – Nonproportional Assumed Property
redule P–Part 1H–Section 1–Other Liability–Occurrence redule P–Part 1H–Section 2–Other Liability–Claims-Made	43	Schedule P–Part 6N–Reinsurance – Nonproportional Assumed Property Schedule P–Part 60–Reinsurance – Nonproportional Assumed Liability
nedule P-Part 11-Section 2-Other Clabinty-Claims-Made ledule P-Part 11-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)	45	Schedule P-Part 6R-Products Liability-Claims-Made
redule P-Part 1J-Auto Physical Damage	46	Schedule P-Part 6R-Products Liability-Occurrence
nedule P-Part 1K-Fidelity/Surety	47	Schedule P–Part 7A–Primary Loss Sensitive Contracts
edule P-Part 1L-Other (Including Credit, Accident and Health)	48	Schedule P-Part 7B-Reinsurance Loss Sensitive Contracts
edule P-Part 1M-International	49	Schedule P Interrogatories
nedule P-Part 1N-Reinsurance - Nonproportional Assumed Property	50 51	Schedule T–Exhibit of Premiums Written Schedule T–Part 2–Interstate Compact
nedule P-Part 10-Reinsurance - Nonproportional Assumed Liability redule P-Part 1P-Reinsurance - Nonproportional Assumed Financial Lines	51 52	Schedule 1–Part 2–Interstate Compact Schedule Y–Information Concerning Activities of Insurer Members of a Holding Company Group
ledule P-Part 1P-Reinsurance – Nonproportional Assumed Financial Lines ledule P-Part 1R-Section 1-Products Liability-Occurrence	53	Schedule Y-Information Concerning Activities of Insurer Members of a Holding Company Group Schedule Y-Detail of Insurance Holding Company System
nedule P-Part 1R-Section 1-Products Liability-Occurrence	54	Schedule Y-Part 2-Summary of Insurer's Transactions With Any Affiliates
nedule P-Part 1S-Financial Guaranty/Mortgage Guaranty	55	Statement of Income
iedule P–Part 1T–Warranty	56	Summary Investment Schedule
nedule P–Part 2, Part 3 and Part 4 - Summary	34	Supplemental Exhibits and Schedules Interrogatories
nedule P-Part 2A-Homeowners/Farmowners	57	Underwriting and Investment Exhibit Part 1
		Underwriting and Investment Exhibit Part 1A
· /	57	·
hedule P-Part 2C-Commercial Auto/Truck Liability/Medical	57	Underwriting and Investment Exhibit Part 1B
hedule P–Part 2B–Private Passenger Auto Liability/Medical hedule P–Part 2C–Commercial Auto/Truck Liability/Medical hedule P–Part 2D–Workers' Compensation (Excluding Excess Workers Compensation) hedule P–Part 2E–Commercial Multiple Peril		·