

ANNUAL STATEMENT

For the Year Ended December 31, 2015 OF THE CONDITION AND AFFAIRS OF THE

PROVIDENCE PLANTATIONS INSURANCE COMPANY

NAIC Group Code	00382 ,	00382	NAIC Company Cod	e 33430	Employer's ID Num	nber 05-0428479
-	(Current Period)	(Prior Period)				
Organized under the La	aws of	Rhode Is	land	, State of Domicile or F	Port of Entry	Rhode Island
Country of Domicile				United States		
Incorporated/Organized	d	06/25/1986	C	ommenced Business	04	4/01/1988
Statutory Home Office		340 East	Avenue		Warwick, RI, US	
		(Street and	d Number)		(City or Town, State, Co	untry and Zip Code)
Main Administrative Of	fice	340 East Ave		Warwick, RI, US (02886-1802	401-827-1800
	_	(Street and Num	iber)	(City or Town, State, Coun		(Area Code) (Telephone Number)
Mail Address		P.O. Box 6066			Providence, RI, US 02	
Deine and the officer of De		and Number or P.O. Bo	,		City or Town, State, Country	
Primary Location of Bo	oks and Records _	340 I	East Avenue et and Number)		, US 02886-1802 e, Country and Zip Code)	401-827-1800-125 (Area Code) (Telephone Number)
Internet Web Site Addr	ess	(010)		v.providencemutual.co		
Statutory Statement Co		Richa	rd Albert Sinnigen		401-827-18	300-125
olationy olatement of		Richa	(Name)		(Area Code) (Telephone	
rsin	nigen@providencer	mutual.com	(Humo)		401-822-1872	
	(E-Mail Address))			(Fax Number)	
			OFFICE	RS		
Name		Title	-	Name		Title
Sandra Glaser I	Parrillo	Preside	ent	Earl Francis Cotta	m Jr	Treasurer
Richard Albert S	innigen ,	Secreta	ary		,	
	, ,	DII		TRUSTEES	, ,	
Leslie Adams G	ardner	Robert White		Mary Louise Fazza	ano	John Scott Lombardo
Sandra Glaser I		Alan Henry	/ Litwin	David Martin Gilde	en	B. Michael Rauh Jr.
Edwin Joseph Sa	antos #					
	Rhode Island		SS			
above, all of the herein de that this statement, togeth liabilities and of the condit and have been completed may differ; or, (2) that stat knowledge and belief, resp	scribed assets were th er with related exhibits ion and affairs of the s in accordance with th er ules or regulations r pectively. Furthermore exact copy (except for	e absolute property s, schedules and ex aid reporting entity e NAIC Annual Stat require differences i the scope of this a formatting difference	r of the said reporting entity planations therein contains as of the reporting period s ement Instructions and Ac n reporting not related to a ttestation by the described	r, free and clear from any ed, annexed or referred to tated above, and of its ind counting Practices and Pr ccounting practices and p officers also includes the	liens or claims thereon, e , is a full and true statem come and deductions the ocedures manual except procedures, according to related corresponding el	on the reporting period stated except as herein stated, and ent of all the assets and refrom for the period ended, to the extent that: (1) state law the best of their information, lectronic filing with the NAIC, y be requested by various
	Glaser Parrillo resident before me day of	 ,	Earl Francis Co Treasure —	r a. Is this a b. If no: 1. State tl 2. Date fil	S an original filing? he amendment number	Albert Sinnigen Secretary Yes [X] No []

Stephanie W. Williamson, Notary Public January 16, 2017



NAIC Group Code 00382	BUSINE	SS IN THE STATE		OF PREMIUMS A			URING THE YEAR	2015		NAIC	Company Code	33430
	Membership Fees, I and Premiums or	Including Policy and ess Return Premiums Policies not Taken	3 Dividends Paid	4 Direct	5 Direct Losses	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost	11	12
Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	or Credited to Policyholders on Direct Business	Unearned Premium Reserves	Paid (deducting salvage)	Direct Losses	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fe
1. Fire					(according contege/							
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
B. Farmowners multiple peril												
Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
3. Ocean marine												
9. Inland marine												
D. Financial guaranty												
Medical professional liability												
2. Earthquake												
3. Group accident and health (b)												
 Credit A & H (group and individual) 												
5.1 Collectively renewable A & H (b)												
.2 Non-cancelable A & H (b)												
5.3 Guaranteed renewable A & H (b)												
Non-renewable for stated reasons only (b)												
5.5 Other accident only												
5.6 Medicare Title XVIII exempt from state taxes or fees												
5.7 All other A & H (b)												
5.8 Federal Employees Health Benefits Plan premium (b)												
6. Workers' compensation												
7.1 Other liability-Occurrence												
7.2 Other Liability-Claims-Made												
7.3 Excess workers' compensation												
3. Products liability												
Private passenger auto no-fault (personal injury protection)												
0.2 Other private passenger auto liability												
0.3 Commercial auto no-fault (personal injury protection)												
0.4 Other commercial auto liability												
.1 Private passenger auto physical damage												
.2 Commercial auto physical damage												
2. Aircraft (all perils)												
B. Fidelity												
Surety												
 Burglary and theft 												
2. Boiler and machinery												
. Credit												
). Warranty		·										
Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	40.0
5. TOTAL (a) TAILS OF WRITE-INS	0	0	0	0	0	0	0	0	0	0	0	19,9
101. 102.							· [
102 103		+					· [
	ae 0	· · · · · · · · · · · · · · · · · · ·	0		^		· · · · · · · · · · · · · · · · · · ·	^	0		^	
498. Summary of remaining write-ins for Line 34 from overflow pa			0	0	0	0	0		0	0	0	
 Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above) 	0	0	I ()	0	I ()	0	I ()		I ()	01	0	/ I

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products

19.RI



	NAIC Group Code 00382	BUSINE	SS IN THE STATE		OF PREMIUMS AN	ID LOSSES (Statu		URING THE YEAR	2015		NAIC	Company Code 3	33430
		Membership Fees, L	Including Policy and ess Return Premiums Policies not Taken 2	3 Dividends Paid or Credited to	4 Direct	5 Direct Losses	6	7	8 Direct Defense and Cost Containment	9 Direct Defense and Cost Containment	10 Direct Defense and Cost Containment	11 Commissions	12
	Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Unearned Premium Reserves	Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Expense Paid	Expense	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
1.	Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1		0	0	0	0	0	0	0	0	0	0	0	0
2.2		0	0	0	0	0	0	0	0	0	0	0	0
2.3		0	0	0	0	0	0	0	0	0	0	0	0
2.4		0	0	0	0	0	0	0	0	0	0	0	0
3.	Farmowners multiple peril		0	0	0	0	0	0	0	0	0	0	
4.	Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	
5.1			0		0		0		0	l0	0	0	
5.2 6.	Commercial multiple peril (liability portion) Mortgage guaranty		0	0	0	0	0	0	0	0	0	0	0
8.	Ocean marine		0	0	0	0	0	0	0	0	0	0	0
9.	Inland marine		0	0	0	0	0	0	0	0	0	0	0
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0 0	0 N
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13.	Group accident and health (b).	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A & H (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
	Collectively renewable A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0
	Non-cancelable A & H (b).	0	0		0	0	0	0	0	0	0	0	0
15.3	Guaranteed renewable A & H (b).	.0			0	.0	0	.0	0	.0	0	.0	0
15.4		.0	0		0	0	0		0	.0	0	.0	0
15.5	Other accident only	.0			0	0	0		0		0	.0	0
15.6	Medicare Title XVIII exempt from state taxes or fees.	0	0	0	0	0	0	0	0	0	0	0	0
15.7	All other A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
	Other Liability-Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
17.3		0	0	0	0	0	0	0	0	0	0	0	0
18.	Products liability	0	0	0	0	0	0	0	0	0	0	0	0
	Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2	Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3			0	0	0	0	0	0	0	0	0	0	0
19.4			0	0	0	0	0	0	0	0	0	0	0
	Private passenger auto physical damage		0	0	0		0		0	0	0	0	0
	Commercial auto physical damage		0	0	0		0		0	0	0	0	0
22. 23.	Aircraft (all perils) Fidelity		0	0	0	0	0	0	0	0	0	0	0
23. 24.	Surety		0	0	0	0	0	0	0	0	0	0	0
24.	Burglary and theft		0	0	0	0	0	0	0	0	0	0	0
20.	Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0 0	0 N
28.	Credit	0	0	0	0	0	0	0	0	0	0	0	0
30.	Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTAL (a)	0	0	0	0	0	0	0	0	0	0	0	19,924
DETAIL	TOTAL (a) S OF WRITE-INS	† Š	Ť Š	t		Ů	Ű	t ř	, i i i i i i i i i i i i i i i i i i i	t		0	10,021
3401.													
3402.													
3403.													
3498.	. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0
	Finance and service charges not included in Lines 1 to 35 \$				0		ired under indemnity			0			

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

....0 and number of persons insured under indemnity only products

Schedule F - Part 1

Schedule F - Part 2

Schedule F - Part 3

Schedule F - Part 4

Schedule F - Part 5

Schedule F - Part 6 - Section 1

Schedule F - Part 6 - Section 2

Schedule F - Part 7

Schedule F - Part 8

20, 21, 22, 23, 24, 25, 26, 27, 28

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)	(Net of Cedeu)	Aujustments	(Gross of Ceded)
1. Cash and invested assets (Line 12)			1,174,05
2. Premiums and considerations (Line 15)	0		
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	0		
4 Funds held by or deposited with reinsured companies (Line 16.2)	0		
5. Other assets			40 , 24
6. Net amount recoverable from reinsurers			
7. Protected cell assets (Line 27)	0		
8. Totals (Line 28)		0	1,214,29
<u>ABILITIES</u> (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	0		
10. Taxes, expenses, and other obligations (Lines 4 through 8)	0		
11. Unearned premiums (Line 9)	0		
12. Advance premiums (Line 10)			
13. Dividends declared and unpaid (Line 11.1 and 11.2)	0		
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	0		
15. Funds held by company under reinsurance treaties (Line 13)	0		
16. Amounts withheld or retained by company for account of others (Line 14)	0		
17. Provision for reinsurance (Line 16)	0		
18. Other liabilities	0		
19. Total liabilities excluding protected cell business (Line 26)	0	0	
20. Protected cell liabilities (Line 27)	0		
21. Surplus as regards policyholders (Line 37)		X X X	1,214,29
22. Totals (Line 38)	1,214,293	0	1,214,29
NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 10	00 percent reinsurance or pooli	ng arrangements?	Yes [] No [)

Schedule H - Part 1

Schedule H - Part 2

Schedule H - Part 3

Schedule H - Part 4

Schedule H - Part 5 - Health Claims

Schedule P - Part 1A - Home/Farm

Schedule P - Part 1B - Private Passenger

Schedule P - Part 1C - Comm Auto/Truck

Schedule P - Part 1D - Workers' Comp

Schedule P - Part 1E - Comm Multi Peril

Schedule P - Part 1F - Med Pro Liab Occ

Schedule P - Part 1F - Med Pro Liab Clm

Schedule P - Part 1G - Special Liability

Schedule P - Part 1H - Other Liab Occur NONE

Schedule P - Part 1H - Other Liab Claims

Schedule P - Part 1I - Special Property NONE

Schedule P - Part 1J - Auto Physical NONE

Schedule P - Part 1K - Fidelity/Surety

Schedule P - Part 1L - Other

Schedule P - Part 1M - International NONE

Schedule P - Part 1N - Reinsurance

Schedule P - Part 10 - Reinsurance

Schedule P - Part 1P - Reinsurance

Schedule P - Part 1R - Prod Liab Occur NONE

Schedule P - Part 1R - Prod Liab Claims

Schedule P - Part 1S-Fin./Mtg. Guaranty

Schedule P - Part 1T - Warranty

Schedule P - Part 2A

Schedule P - Part 2B

Schedule P - Part 2C

Schedule P - Part 2D

Schedule P - Part 2E

Schedule P - Part 2F - Section 1

Schedule P - Part 2F - Med Pro Liab Clm

Schedule P - Part 2G

Schedule P - Part 2H - Other Liab Occur NONE

Schedule P - Part 2H - Other Liab Claim

Schedule P - Part 2I

Schedule P - Part 2J

Schedule P - Part 2K

Schedule P - Part 2L

Schedule P - Part 2M

Schedule P - Part 2N

Schedule P - Part 20

Schedule P - Part 2P

Schedule P - Part 2R - Prod Liab Occur NONE

Schedule P - Part 2R - Prod Liab Claims

Schedule P - Part 2S

Schedule P - Part 2T

Schedule P - Part 3A

Schedule P - Part 3B

Schedule P - Part 3C

Schedule P - Part 3D

Schedule P - Part 3E

Schedule P - Part 3F - Med Pro Liab Occ

Schedule P - Part 3F - Med Pro Liab Clm

Schedule P - Part 3G

Schedule P - Part 3H - Other Liab Occur NONE

Schedule P - Part 3H - Other Liab Claims

Schedule P - Part 3I

Schedule P - Part 3J

Schedule P - Part 3K

Schedule P - Part 3L

Schedule P - Part 3M

Schedule P - Part 3N

Schedule P - Part 30

Schedule P - Part 3P

Schedule P - Part 3R - Prod Liab Occur NONE

Schedule P - Part 3R - Prod Liab Claims

Schedule P - Part 3S

Schedule P - Part 3T

Schedule P - Part 4A

Schedule P - Part 4B

Schedule P - Part 4C

Schedule P - Part 4D

Schedule P - Part 4E

Schedule P - Part 4F - Med Pro Liab Occ

Schedule P - Part 4F - Med Pro Liab Clm

Schedule P - Part 4G

Schedule P - Part 4H - Other Liab Occur NONE

Schedule P - Part 4H - Other Liab Claims

Schedule P - Part 4I

Schedule P - Part 4J

Schedule P - Part 4K

Schedule P - Part 4L

Schedule P - Part 4M

Schedule P - Part 4N

Schedule P - Part 40

Schedule P - Part 4P

Schedule P - Part 4R - Prod Liab Occur NONE

Schedule P - Part 4R - Prod Liab Claims

Schedule P - Part 4S

Schedule P - Part 4T - Warranty

Schedule P - Part 5A- SN1

Schedule P - Part 5A- SN2

Schedule P - Part 5A- SN3

Schedule P - Part 5B- SN1

Schedule P - Part 5B- SN2

Schedule P - Part 5B- SN3

Schedule P - Part 5C- SN1

Schedule P - Part 5C- SN2

Schedule P - Part 5C- SN3

Schedule P - Part 5D- SN1

Schedule P - Part 5D- SN2

Schedule P - Part 5D- SN3

Schedule P - Part 5E- SN1

Schedule P - Part 5E- SN2

Schedule P - Part 5E- SN3

Schedule P - Part 5F- SN1A

Schedule P - Part 5F- SN2A

Schedule P - Part 5F- SN3A

Schedule P - Part 5F- SN1B

Schedule P - Part 5F- SN2B

Schedule P - Part 5F- SN3B

Schedule P - Part 5H- SN1A

Schedule P - Part 5H- SN2A

Schedule P - Part 5H- SN3A

Schedule P - Part 5H- SN1B

Schedule P - Part 5H- SN2B

Schedule P - Part 5H- SN3B

Schedule P - Part 5R- SN1A

Schedule P - Part 5R- SN2A

Schedule P - Part 5R- SN3A

Schedule P - Part 5R- SN1B

Schedule P - Part 5R- SN2B

Schedule P - Part 5R- SN3B

Schedule P - Part 5T- SN1

Schedule P - Part 5T- SN2

Schedule P - Part 5T- SN3

Schedule P - Part 6C - SN1

Schedule P - Part 6C - SN2

Schedule P - Part 6D - SN1

Schedule P - Part 6D - SN2

Schedule P - Part 6E - SN1

Schedule P - Part 6E - SN2

Schedule P - Part 6H - SN1A

Schedule P - Part 6H - SN2A

Schedule P - Part 6H - SN1B

Schedule P - Part 6H - SN2B

Schedule P - Part 6M - SN1

Schedule P - Part 6M - SN2

Schedule P - Part 6N - SN1

Schedule P - Part 6N - SN2

Schedule P - Part 60 - SN1

Schedule P - Part 60 - SN2

Schedule P - Part 6R - SN1A

Schedule P - Part 6R - SN2A

Schedule P - Part 6R - SN1B

Schedule P - Part 6R - SN2B

Schedule P - Part 7A - Section 1 NONE

Schedule P - Part 7A - Section 2 NONE

Schedule P - Part 7A - Section 3 **NONE**

Schedule P - Part 7A - Section 4

Schedule P - Part 7A - Section 5

Schedule P - Part 7B - Section 1 NONE

Schedule P - Part 7B - Section 2

Schedule P - Part 7B - Section 3

Schedule P - Part 7B - Section 4

Schedule P - Part 7B - Section 5

Schedule P - Part 7B - Section 6

Schedule P - Part 7B - Section 7

SCHEDULE P INTERROGATORIES

 The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.

1.1	reporting e cost?	ndorsemer	sue Medical Professional Liability Claims Made ins nt, or "ERE") benefits in the event of Death, Disabil ion 1.1 is "no", leave the following questions blank	ity, or Retirement (DDR) at a reduced o	harge or at no additional		Yes [] No	[X]
1.2	What is the dollars)?	e total amou	unt of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhe					
1.3	Does the c	ompany re	port any DDR reserve as Unearned Premium Rese	erve per SSAP #65?			Yes [] No	[]
1.4	Does the c	ompany re	port any DDR reserve as loss or loss adjustment e	xpense reserve?			Yes [] No	[]
	Investment	Exhibit, Pa	s DDR reserve as Unearned Premium Reserve, do art 1A – Recapitulation of all Premiums (Page 7) C s DDR reserve as loss or loss adjustment expense are reported in Schedule P:	olumn 2, Lines 11.1 plus 11.2?	Ϋ́Υ	Yes [] No [] N/A	[]
		Ye	ars in Which Premiums Were Earned and	DDR Reserve Schedule P, Part 1F, Medi Column 24: Total Net Loss 1	ical Professional Liability				
			Losses Were Incurred	Section 1: Occurrence	Section 2: Claims-Made				
		1.601	Prior						
		1.602	2006						
		1.603	2007						
		1.604	2008						
		1.605	2009						
		1.606	2010						
		1.607	2011						

1.609 2013	1.608	2012		
1.611 2015	1.609	2013		
1.612 Totals 0 0 The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as	1.610	2014		
he definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed ffective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as	1.611	2015		
effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as	1.612	Totals	0	0
solonee and beet containment and regularing and other properted in compliance with allose domination in the statement.				

[X] No []

	companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage us and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count informa Adjusting and Other expense should be allocated by a reasonable method determined by the company and desc below. Are they so reported in this Statement?:	e reinsurance contra ation is not available,	ct.	es	[X]	No [[]	
4.	Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future pareported net of such discounts on Page 10?	ayments, and that are	e Ye	!S	[]	No [[X]	
	If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Als be reported in Schedule P - Part 1, Columns 32 and 33.	o, the discounts mus	st					
	Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations r examination upon request.	nust be available for						
	Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statem	ent is being filed.						
5.	What were the net premiums in force at the end of the year for:							
	(in thousands of dollars)	5.1 Fidelity	\$				0	
		5.2 Surety	\$				0	

6.	Claim count information is reported per claim or per claimant. (indicate which) If not the same in all years, explain in Interrogatory 7.				(CLAIM
7.1	The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses?	Yes	[]	No	[X
70	An extended statement may be attached					

7.2 An extended statement may be attached.

2.

3.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE PROVIDENCE PLANTATIONS INSURANCE COMPANY

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Territories

Allocated By States and Territories Direct Business Only										
	F	1	2	3	4	5	6			
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals			
1. Alabama	AL									
2. Alaska	AK									
3. Arizona	AZ									
4. Arkansas	AR									
5. California	CA									
6. Colorado	co									
7. Connecticut	Ст									
8. Delaware	DE									
9. District of Columbia	DC									
10. Florida	FL									
11. Georgia	GA									
12. Hawaii										
13. Idaho										
14. Illinois										
14. Indiana										
16. lowa										
16. Iowa 17. Kansas										
18. Kentucky										
19. Louisiana										
20. Maine										
21. Maryland										
22. Massachusetts										
23. Michigan										
24. Minnesota										
25. Mississippi	MS									
26. Missouri	MO									
27. Montana	MT									
28. Nebraska	NE									
29. Nevada	NV									
30. New Hampshire	NH									
31. New Jersey	NJ									
32. New Mexico										
33. New York										
34. North Carolina										
35. North Dakota										
36. Ohio										
37. Oklahoma										
38. Oregon										
39. Pennsylvania										
40. Rhode Island							.			
41. South Carolina						•	·[
42. South Dakota										
43. Tennessee										
44. Texas										
45. Utah										
46. Vermont	VT									
47. Virginia	VA									
48. Washington										
49. West Virginia										
50. Wisconsin										
51. Wyoming							1			
52. American Samoa										
53. Guam										
54. Puerto Rico										
55. US Virgin Islands										
56. Northern Mariana Islands										
57. Canada										
58. Aggregate Other Alien										
59. Totals		C) 0	0	0	0	1			

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE PROVIDENCE PLANTATIONS INSURANCE COMPANY

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
						Name of Securities					Type of Control (Ownership,			
						Exchange if					Board.	If Control is	Ultimate	
		NAIC				Publicly	Names of		Relationship to		Management,	Ownership	Controlling	
Group		Company	ID	Federal	011/	Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Entity(ies)/	*
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Éntity	(Name of Entity/Person)	Influence, Other)	Percentage	Person(s) The Providence	
													Mutual Fire	
							The Providence Mutual Fire			The Providence Mutual Fire			Insurance	
00382	The Providence Group	15040	05-0204000				Insurance Company	RI	UDP	Insurance Company	Board	0.0	Company	1
													The Providence	
							The Providence Plantations			The Providence Mutual Fire			Mutual Fire Insurance	
00382	The Providence Group	33430	05-0428479				Insurance Company		DS	Insurance Company	Ownership		Company	1
00002		00100	00 0120110										oompany	'
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Asterisk	Explanation
1	The Providence Mutual Fire Insurance Company owns 100% of The Providence Plantations Insurance Company

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7 Income/	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	(Disbursements) Incurred in Connection with Guarantees or	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	RESPONSES
1.	Will an actuarial opinion be filed by March 1?	WAIVED
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6.	Will Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
	MAY FILING	
8.	Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	YES
	JUNE FILING	
9.	Will an audited financial report be filed by June 1?	WAIVED
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	WAIVED
	AUGUST FILING	
11.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	WAIVED

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

MARCH FILING

12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	N0
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	N0
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	N0
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	N0
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	SEE EXPLANATION
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	NO
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	N0
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	N0
27.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	N0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

APRIL FILING

28.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
29.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
30.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
31.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
32.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
33.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
34.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
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Explanation:

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20. The Providence Plantations Insurance Company has received an exemption from filing the Statement of Actuarial Opinion from the State of Rhode Island Department of Business Regulation Insurance Division for the year ended December 31, 2015.

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE PROVIDENCE PLANTATIONS INSURANCE COMPANY SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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