



QUARTERLY STATEMENT

As of March 31, 2017
of the Condition and Affairs of the

Medical Malpractice Joint Underwriting Association of Rhode Island

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

OFFICERS

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


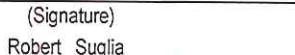
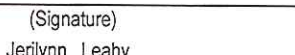
OTHER

DIRECTORS OR TRUSTEES

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

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

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

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

Subscribed and sworn to before me
This 17 day of April 2017

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

* For Larry Alan only



QUARTERLY STATEMENT

As of March 31, 2017
of the Condition and Affairs of the

Medical Malpractice Joint Underwriting Association of Rhode Island

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

OFFICERS

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

OTHER

DIRECTORS OR TRUSTEES

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

State of..... Rhode Island
County of..... Providence

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

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

Subscribed and sworn to before me
This 17th day of April
Jacqueline K. Plante

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

JACQUELINE K. PLANTE
NOTARY PUBLIC OF RHODE ISLAND
My Commission Expires 3/13/2020



QUARTERLY STATEMENT

As of March 31, 2017
of the Condition and Affairs of the

Medical Malpractice Joint Underwriting Association of Rhode Island

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

OFFICERS

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

OTHER

DIRECTORS OR TRUSTEES

Daniel Wright	Krista Tropea	Jamés Pascalides DPM	Kenneth B Nanian MD
Robert Suglia	Earl Cottam Jr.	Timothy Knapp	Don Baldini
Larry Alan	Barbara M Cavicchio DDS		

State of..... Rhode Island
County of..... Providence

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

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

Subscribed and sworn to before me
This 19th day of April, 2017

my COMMISSION EXPIRES 9-18-18

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

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	92,821,007		92,821,007	92,859,398
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....414,997), cash equivalents (\$....999,963) and short-term investments (\$....565,368).....	1,980,328		1,980,328	2,863,648
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....	56,280,227		56,280,227	54,936,195
9. Receivables for securities.....	110		110	121
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	151,081,672	0	151,081,672	150,659,362
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	1,199,343		1,199,343	1,432,036
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	156,691		156,691	112,533
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	253,163		253,163	177,457
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....	494,963		494,963	351,739
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other than invested assets.....	13,132	0	13,132	22,541
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	153,198,964	0	153,198,964	152,755,668
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	153,198,964	0	153,198,964	152,755,668

DETAILS OF WRITE-INS

1101.....			0	
1102.....			0	
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Miscellaneous Accounts Receivable.....	2,928		2,928	2,366
2502. Prepaid Losses.....	1,279		1,279	
2503. Prepaid premium tax.....	8,925		8,925	20,175
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	13,132	0	13,132	22,541

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Losses (current accident year \$831,301).....	37,161,722	36,529,393
2. Reinsurance payable on paid losses and loss adjustment expenses.....		
3. Loss adjustment expenses.....	12,714,045	12,095,686
4. Commissions payable, contingent commissions and other similar charges.....	62,519	60,479
5. Other expenses (excluding taxes, licenses and fees).....	217,164	184,460
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....		
7.1 Current federal and foreign income taxes (including \$0 on realized capital gains (losses)).....		
7.2 Net deferred tax liability.....	419,426	246,409
8. Borrowed money \$0 and interest thereon \$0.....		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$0 and including warranty reserves of \$0 and accrued accident and health experience rating refunds including \$0 for medical loss ratio rebate per the Public Health Service Act).....	2,152,562	1,933,134
10. Advance premium.....	9,765	62,155
11. Dividends declared and unpaid:		
11.1 Stockholders.....		
11.2 Policyholders.....		
12. Ceded reinsurance premiums payable (net of ceding commissions).....		
13. Funds held by company under reinsurance treaties.....		
14. Amounts withheld or retained by company for account of others.....	1,711,187	1,711,187
15. Remittances and items not allocated.....		
16. Provision for reinsurance (including \$0 certified).....		
17. Net adjustments in assets and liabilities due to foreign exchange rates.....		
18. Drafts outstanding.....		
19. Payable to parent, subsidiaries and affiliates.....		
20. Derivatives.....		
21. Payable for securities.....		
22. Payable for securities lending.....		
23. Liability for amounts held under uninsured plans.....		
24. Capital notes \$0 and interest thereon \$0.....		
25. Aggregate write-ins for liabilities.....	0	1,490,639
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	54,448,390	54,313,542
27. Protected cell liabilities.....		
28. Total liabilities (Lines 26 and 27).....	54,448,390	54,313,542
29. Aggregate write-ins for special surplus funds.....	0	0
30. Common capital stock.....		
31. Preferred capital stock.....		
32. Aggregate write-ins for other than special surplus funds.....	0	0
33. Surplus notes.....		
34. Gross paid in and contributed surplus.....		
35. Unassigned funds (surplus).....	98,750,574	98,442,126
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 30 \$0).....		
36.2 .....0.000 shares preferred (value included in Line 31 \$0).....		
37. Surplus as regards policyholders (Lines 29 to 35, less 36).....	98,750,574	98,442,126
38. Totals (Page 2, Line 28, Col. 3).....	153,198,964	152,755,668

DETAILS OF WRITE-INS

2501. Unearned Finance Charge.....		
2502. Premium Deficiency Reserve.....		
2503. Losses Payable.....		1,490,639
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	1,490,639
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page.....	0	0
3299. Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above).....	0	0

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct..... (written \$....684,576).....	465,148	622,419	2,338,043
1.2 Assumed..... (written \$.....0).....			
1.3 Ceded..... (written \$.....0).....			
1.4 Net..... (written \$....684,576).....	465,148	622,419	2,338,043
DEDUCTIONS:			
2. Losses incurred (current accident year \$....831,301):			
2.1 Direct.....	1,196,197	(1,743,720)	(1,860,702)
2.2 Assumed.....			
2.3 Ceded.....			
2.4 Net.....	1,196,197	(1,743,720)	(1,860,702)
3. Loss adjustment expenses incurred.....	897,420	(220,909)	197,594
4. Other underwriting expenses incurred.....	400,754	393,961	1,691,374
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	2,494,371	(1,570,668)	28,266
7. Net income of protected cells.....			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	(2,029,223)	2,193,087	2,309,777
INVESTMENT INCOME			
9. Net investment income earned.....	1,247,506	1,195,707	5,009,688
10. Net realized capital gains (losses) less capital gains tax of \$....161,584.....	313,663	238,207	605,696
11. Net investment gain (loss) (Lines 9 + 10).....	1,561,169	1,433,914	5,615,384
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....	0		
13. Finance and service charges not included in premiums.....	4,996	7,090	23,256
14. Aggregate write-ins for miscellaneous income.....	0	0	(569,500)
15. Total other income (Lines 12 through 14).....	4,996	7,090	(546,244)
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	(463,058)	3,634,091	7,378,917
17. Dividends to policyholders.....			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17).....	(463,058)	3,634,091	7,378,917
19. Federal and foreign income taxes incurred.....	(304,808)	1,003,168	1,597,132
20. Net income (Line 18 minus Line 19) (to Line 22).....	(158,250)	2,630,923	5,781,785
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year.....	98,442,126	92,800,252	92,800,252
22. Net income (from Line 20).....	(158,250)	2,630,923	5,781,785
23. Net transfers (to) from Protected Cell accounts.....			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$....217,503.....	422,212	(259,189)	191,888
25. Change in net unrealized foreign exchange capital gain (loss).....			
26. Change in net deferred income tax.....	44,486	(55,280)	(331,799)
27. Change in nonadmitted assets.....			
28. Change in provision for reinsurance.....			
29. Change in surplus notes.....			
30. Surplus (contributed to) withdrawn from protected cells.....			
31. Cumulative effect of changes in accounting principles.....			
32. Capital changes:			
32.1 Paid in.....			
32.2 Transferred from surplus (Stock Dividend).....			
32.3 Transferred to surplus.....			
33. Surplus adjustments:			
33.1 Paid in.....			
33.2 Transferred to capital (Stock Dividend).....			
33.3 Transferred from capital.....			
34. Net remittances from or (to) Home Office.....			
35. Dividends to stockholders.....			
36. Change in treasury stock.....			
37. Aggregate write-ins for gains and losses in surplus.....	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37).....	308,448	2,316,454	5,641,874
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	98,750,574	95,116,706	98,442,126

DETAILS OF WRITE-INS

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

Medical Malpractice Joint Underwriting Association of Rhode Island CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	512,322	720,382	2,143,627
2. Net investment income.....	1,528,766	1,580,391	5,523,810
3. Miscellaneous income.....	15,685	7,687	(563,003)
4. Total (Lines 1 through 3).....	2,056,773	2,308,460	7,104,434
5. Benefit and loss related payments.....	2,055,785	9,008	3,387,940
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	645,071	662,929	1,376,241
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.00 tax on capital gains (losses).....			890,000
10. Total (Lines 5 through 9).....	2,700,856	671,937	5,654,181
11. Net cash from operations (Line 4 minus Line 10).....	(644,083)	1,636,523	1,450,253
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	4,132,518	4,403,187	19,571,937
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....	11		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	4,132,529	4,403,187	19,571,937
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	4,060,518	5,828,468	18,847,952
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....	311,248	339,280	1,166,051
13.7 Total investments acquired (Lines 13.1 to 13.6).....	4,371,766	6,167,748	20,014,003
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(239,237)	(1,764,561)	(442,066)
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. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	0	0	0
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).....	(883,320)	(128,038)	1,008,187
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	2,863,648	1,855,461	1,855,461
19.2 End of period (Line 18 plus Line 19.1).....	1,980,328	1,727,423	2,863,648
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001			

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

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

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

A. Accounting Practices, impact of NAIC/state differences

	SSAP #	F/S Page	F/S Line #	Current Period	2016
NET INCOME					
(1) Medical Malpractice Joint Underwriting Association of Rhode Island state basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ (158,250)	\$ 5,781,785
(2) State Prescribed Practice that is an increase/(decrease) from NAIC SAP					
(3) State Permitted Practice that is an increase/(decrease) from NAIC SAP					
(4) NAIC SAP (1 - 2 - 3 = 4)	XXX	XXX	XXX	\$ (158,250)	\$ 5,781,785
SURPLUS					
(5) Medical Malpractice Joint Underwriting Association of Rhode Island state basis (Page 3, line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 98,750,574	\$ 98,442,126
(6) State Prescribed Practice that is an increase/(decrease) from NAIC SAP					
(7) State Permitted Practice that is an increase/(decrease) from NAIC SAP					
(8) NAIC SAP (5 - 6 - 7 = 8)	XXX	XXX	XXX	\$ 98,750,574	\$ 98,442,126

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

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

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

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

C. Accounting Policies

The Company uses the following accounting policies:

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

NOTES TO FINANCIAL STATEMENTS

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

Note 2 - Accounting Changes and Corrections of Errors

No significant change

Note 3 - Business Combinations and Goodwill

Not applicable

Note 4 - Discontinued Operations

Not applicable

Note 5 - Investments

Not applicable

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

Note 7 - Investment Income

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

Note 8 - Derivative Instruments

Not applicable

Note 9 - Income Taxes

No significant change

Note 10 - Information Concerning Parent, Subsidiaries and Affiliates

Not applicable

Note 11 - Debt

Not applicable

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

Not applicable

NOTES TO FINANCIAL STATEMENTS

Note 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

Not applicable

Note 14 - Contingencies

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

Note 15 - Leases

Not applicable

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

Not applicable

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not applicable

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

Not applicable

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

The Association uses Beecher Carlson Insurance Services LLC as managing general agent. The FEIN for Beecher Carlson Insurance Services LLC is 95-3679538. Beecher Carlson Insurance Services LLC has an exclusive contract for all medical malpractice and general liability business written. The total direct premiums written in 2017 equal \$684,576. The terms of the contract give Beecher Carlson Insurance Services LLC authority for premium collection (P), claims adjustment (CA), claims payment (C), binding (B), reinsurance ceding (R) and underwriting authority (U).

Note 20 - Fair Value Measurement

A. 1. Inputs Used for Assets and Liabilities Measured at Fair Value

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

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

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

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

NOTES TO FINANCIAL STATEMENTS

Assets Measured at Fair Value	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Bonds	0	86,787	0	86,787

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred between Levels 1 and 2. This policy also applies to transfers into or out of Level 3 as stated in paragraph 3 below.

2. Rollforward of Level 3 Items

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

3. Policy on Transfers Into and Out of Level 3

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred into or out of Level 3. During the current year, no transfers into or out of Level 3 were required.

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

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

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

5. Derivative Fair Values

Not applicable

B. Other Fair Value Disclosures

Not applicable

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

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

Type of Financial Instrument	Fair Value	Admitted Value	Level 1	Level 2	Level 3	Not Practical (Carrying Value)
Financial Instruments - assets						
Bonds	97,465,395	92,821,007	-	97,465,395	-	-
Cash, cash equivalents and short-term investments	1,980,328	1,980,328	1,980,328	-	-	-
Other invested assets	56,777,294	56,280,227	16,574,240	40,203,054	-	-
Total assets	156,223,017	151,081,562	18,554,568	137,668,449	-	-

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

Not applicable

Note 21 - Other Items

A. Extraordinary items

Not applicable

B. Troubled debt restructuring for debtors

Not applicable

C. Other disclosures

Not applicable

D. Uncollectable premiums receivable

Not applicable

NOTES TO FINANCIAL STATEMENTS

E. Business interruption insurance recoveries

Not applicable

F. State transferable and non-transferrable tax credits

Not applicable

G. Subprime mortgage related risk exposure

(1) The Company's exposure to subprime lending in the fixed maturity (bond) investment portfolio which contains securities collateralized by mortgages that have characteristics of subprime lending such as low FICO score, adjustable rate mortgages and alternative documentation mortgages. These investments are in the form of asset-backed securities and collateralized mortgage obligations which are collateralized by subprime mortgages. The carrying value of these investments is approximately \$87 thousand as of March 31, 2017.

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

Not applicable

(3) Direct exposure through other investments

	<u>Amortized Cost</u>	<u>Book/Adj. Carry Value</u>	<u>Fair Mkt Value</u>	<u>OTTI Recognized</u>
Residential MBS Sub Prime	87,394	86,787	86,787	

Note 22 - Events Subsequent

Not applicable

Note 23 - Reinsurance

A. Unsecured Reinsurance Recoverables

Not applicable

B. Reinsurance Recoverable in Dispute

Not applicable

C. Reinsurance Assumed and Ceded

Not applicable

D. Uncollectable Reinsurance

Not applicable

E. Commutation of Ceded Reinsurance

Not applicable

F. Retroactive Reinsurance

No significant change

G. Reinsurance Accounted for as a Deposit

Not applicable

H. Run-off Agreements

Not applicable

I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not applicable

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

No significant change

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

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

Losses & LAE (000's omitted)	3/31/2017	12/31/2016
Unpaid losses and LAE at beginning of year	48,625	54,734
Losses and LAE incurred in current year:	2,094	(1,633)
Income Statement amounts	2,094	(1,663)
Losses and LAE paid in current year:	(843)	(4,446)
Underwriting exhibits paid amounts	(843)	(4,446)
Unpaid losses and LAE at end of period	49,876	48,625

Note 26 - Intercompany Pooling Arrangements

Not applicable

Note 27 - Structured Settlements

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

Note 28 - Health Care Receivables

Not applicable

Note 29 - Participating Policies

Not applicable

Note 30 - Premium Deficiency Reserves

Not applicable

Note 31 - High Deductibles

Not applicable

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

Not applicable

Note 33 - Asbestos/Environmental Reserves

Not applicable

Note 34 - Subscriber Savings Accounts

Not applicable

Note 35 - Multiple Peril Crop Insurance

Not applicable

Note 36 - Financial Guarantee Insurance

Not applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change: _____
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1 and 1A. Yes [] No [X]
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation. Yes [] No [X] N/A []
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015
- 6.2 State as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2010
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 04/11/2012
- 6.4 By what department or departments?
State of Rhode Island Department of Business Regulation, Insurance Division
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [] N/A []
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

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

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

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

INVESTMENT

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

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:	\$	0
13. Amount of real estate and mortgages held in short-term investments:	\$	0

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

14.2 If yes, please complete the following:

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

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

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

If no, attach a description with this statement.

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

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$	0
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$	0
16.3 Total payable for securities lending reported on the liability page:	\$	0

17. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No []

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

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

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

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

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

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

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

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

1 Name of Firm or Individual	2 Affiliation
Conning, Inc.	U

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

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

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
107423	Conning, Inc.	549300ZOGI4KK37BDV40	SEC	DS

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

18.2 If no, list exceptions:

GENERAL INTERROGATORIES (continued)

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

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

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

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

3.2 If yes, give full and complete information thereto:

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

4.2 If yes, complete the following schedule:

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

5.1 Operating Percentages:

5.1 A&H loss percent 0.000%

5.2 A&H cost containment percent 0.000%

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

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

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

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

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

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Type of Reinsurer	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating
------------------------------	----------------	------------------------	----------------------------------	---------------------------	---	--

NONE

Medical Malpractice Joint Underwriting Association of Rhode Island

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year to Date	3 Prior Year to Date	4 Current Year to Date	5 Prior Year to Date	6 Current Year to Date	7 Prior Year to Date
1. Alabama.....AL.....N.....							
2. Alaska.....AK.....N.....							
3. Arizona.....AZ.....N.....							
4. Arkansas.....AR.....N.....							
5. California.....CA.....N.....							
6. Colorado.....CO.....N.....							
7. Connecticut.....CT.....N.....							
8. Delaware.....DE.....N.....							
9. District of Columbia.....DC.....N.....							
10. Florida.....FL.....N.....							
11. Georgia.....GA.....N.....							
12. Hawaii.....HI.....N.....							
13. Idaho.....ID.....N.....							
14. Illinois.....IL.....N.....							
15. Indiana.....IN.....N.....							
16. Iowa.....IA.....N.....							
17. Kansas.....KS.....N.....							
18. Kentucky.....KY.....N.....							
19. Louisiana.....LA.....N.....							
20. Maine.....ME.....N.....							
21. Maryland.....MD.....N.....							
22. Massachusetts.....MA.....N.....							
23. Michigan.....MI.....N.....							
24. Minnesota.....MN.....N.....							
25. Mississippi.....MS.....N.....							
26. Missouri.....MO.....N.....							
27. Montana.....MT.....N.....							
28. Nebraska.....NE.....N.....							
29. Nevada.....NV.....N.....							
30. New Hampshire.....NH.....N.....							
31. New Jersey.....NJ.....N.....							
32. New Mexico.....NM.....N.....							
33. New York.....NY.....N.....							
34. North Carolina.....NC.....N.....							
35. North Dakota.....ND.....N.....							
36. Ohio.....OH.....N.....							
37. Oklahoma.....OK.....N.....							
38. Oregon.....OR.....N.....							
39. Pennsylvania.....PA.....N.....							
40. Rhode Island.....RI.....L.....		684,576	748,866	563,867	9,007	37,161,722	40,025,307
41. South Carolina.....SC.....N.....							
42. South Dakota.....SD.....N.....							
43. Tennessee.....TN.....N.....							
44. Texas.....TX.....N.....							
45. Utah.....UT.....N.....							
46. Vermont.....VT.....N.....							
47. Virginia.....VA.....N.....							
48. Washington.....WA.....N.....							
49. West Virginia.....WV.....N.....							
50. Wisconsin.....WI.....N.....							
51. Wyoming.....WY.....N.....							
52. American Samoa.....AS.....N.....							
53. Guam.....GU.....N.....							
54. Puerto Rico.....PR.....N.....							
55. US Virgin Islands.....VI.....N.....							
56. Northern Mariana Islands.....MP.....N.....							
57. Canada.....CAN.....N.....							
58. Aggregate Other Alien.....OT.....XXX.....		0	0	0	0	0	0
59. Totals.....(a).....1.....		684,576	748,866	563,867	9,007	37,161,722	40,025,307

DETAILS OF WRITE-INS

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

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

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

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

Medical Malpractice Joint Underwriting Association of Rhode Island

PART 1 - LOSS EXPERIENCE

Lines of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire.....			0.000	
2. Allied lines.....			0.000	
3. Farmowners multiple peril.....			0.000	
4. Homeowners multiple peril.....			0.000	
5. Commercial multiple peril.....			0.000	
6. Mortgage guaranty.....			0.000	
8. Ocean marine.....			0.000	
9. Inland marine.....			0.000	
10. Financial guaranty.....			0.000	
11.1. Medical professional liability - occurrence.....	295,861	253,470	85.672	(398,595)
11.2. Medical professional liability - claims-made.....	111,781	287,138	256.875	(19,733)
12. Earthquake.....			0.000	
13. Group accident and health.....			0.000	
14. Credit accident and health.....			0.000	
15. Other accident and health.....			0.000	
16. Workers' compensation.....			0.000	
17.1 Other liability-occurrence.....	57,506	655,589	1,140.036	(113,665)
17.2 Other liability-claims made.....			0.000	
17.3 Excess workers' compensation.....			0.000	
18.1 Products liability-occurrence.....			0.000	
18.2 Products liability-claims made.....			0.000	
19.1, 19.2 Private passenger auto liability.....			0.000	
19.3, 19.4 Commercial auto liability.....			0.000	
21. Auto physical damage.....			0.000	
22. Aircraft (all perils).....			0.000	
23. Fidelity.....			0.000	
24. Surety.....			0.000	
26. Burglary and theft.....			0.000	
27. Boiler and machinery.....			0.000	
28. Credit.....			0.000	
29. International.....			0.000	
30. Warranty.....			0.000	
31. Reinsurance-nonproportional assumed property.....	XXX	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX	XXX
33. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business.....	0	0	0.000	
35. Totals.....	465,148	1,196,197	257.165	(280.152)
DETAILS OF WRITE-INS				
3401.....			0.000	
3402.....			0.000	
3403.....			0.000	
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	0.000	XXX
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0	0.000	

PART 2 - DIRECT PREMIUMS WRITTEN

Lines of Business	1	2	3
	Current Quarter	Current Year to Date	Prior Year Year to Date
1. Fire.....			
2. Allied lines.....			
3. Farmowners multiple peril.....			
4. Homeowners multiple peril.....			
5. Commercial multiple peril.....			
6. Mortgage guaranty.....			
8. Ocean marine.....			
9. Inland marine.....			
10. Financial guaranty.....			
11.1. Medical professional liability - occurrence.....	295,394	295,394	413,908
11.2. Medical professional liability - claims made.....	275,840	275,840	209,672
12. Earthquake.....			
13. Group accident and health.....			
14. Credit accident and health.....			
15. Other accident and health.....			
16. Workers' compensation.....			
17.1 Other liability-occurrence.....	113,342	113,342	125,286
17.2 Other liability-claims made.....			
17.3 Excess workers' compensation.....			
18.1 Products liability-occurrence.....			
18.2 Products liability-claims made.....			
19.1 19.2 Private passenger auto liability.....			
19.3 19.4 Commercial auto liability.....			
21. Auto physical damage.....			
22. Aircraft (all perils).....			
23. Fidelity.....			
24. Surety.....			
26. Burglary and theft.....			
27. Boiler and machinery.....			
28. Credit.....			
29. International.....			
30. Warranty.....			
31. Reinsurance-nonproportional assumed property.....	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX
33. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business.....	0	0	0
35. Totals.....	684,576	684,576	748,866
DETAILS OF WRITE-INS			
3401.....			
3402.....			
3403.....			
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0	0

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2017 Loss and LAE Payments on Claims Reported as of Prior Year-End	2017 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2017 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/Deficiency (Cols. 11 + 12)
1. 2014 + Prior.....	13,337	22,244	35,581	766		766	13,140		22,563	35,703	569	319	888
2. 2015.....	1,667	5,216	6,883	23		23	1,639		5,219	6,858	(5)	3	(2)
3. Subtotals 2015 + Prior.....	15,004	27,460	42,464	789	0	789	14,779	0	27,782	42,561	564	322	886
4. 2016.....	900	5,261	6,161	54		54	858	30	5,212	6,100	12	(19)	(7)
5. Subtotals 2016 + Prior.....	15,904	32,721	48,625	843	0	843	15,637	30	32,994	48,661	576	303	879
6. 2017.....	XXX	XXX	XXX	XXX		0	XXX	25	1,190	1,215	XXX	XXX	XXX
7. Totals.....	15,904	32,721	48,625	843	0	843	15,637	55	34,184	49,876	576	303	879
8. Prior Year-End's Surplus As Regards Policyholders	98,442												
											Col. 11, Line 7 As % of Col. 1, Line 7	Col. 12, Line 7 As % of Col. 2, Line 7	Col. 13, Line 7 As % of Col. 3, Line 7
											1. ....3.622 %	2. ....0.926 %	3. ....1.808 %
													Col. 13, Line 7 Line 8
													4. ....0.893 %

Q14

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanation:

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

Bar Code:



NONE

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

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	54,936,195	52,895,483
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....	721,987	2,079,047
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....	639,778	29,727
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and depreciation.....	17,733	68,062
9. Total foreign exchange change in book/adjusted carrying value.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	56,280,227	54,936,195
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	56,280,227	54,936,195

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	92,859,398	93,728,443
2. Cost of bonds and stocks acquired.....	4,060,516	18,847,952
3. Accrual of discount.....	61,568	77,553
4. Unrealized valuation increase (decrease).....		261,011
5. Total gain (loss) on disposals.....	64,857	5,073
6. Deduct consideration for bonds and stocks disposed of.....	4,132,517	19,571,937
7. Deduct amortization of premium.....	92,815	488,697
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	92,821,007	92,859,398
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	92,821,007	92,859,398

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	79,425,237	6,141,250	4,711,957	(251,257)	80,603,273			79,425,237
2. NAIC 2 (a).....	14,373,249	349,952	1,947,103	220,995	12,997,093			14,373,249
3. NAIC 3 (a).....	500,000				500,000			500,000
4. NAIC 4 (a).....					.0			
5. NAIC 5 (a).....					.0			
6. NAIC 6 (a).....	286,607			(635)	285,972			286,607
7. Total Bonds.....	94,585,093	6,491,202	6,659,060	(30,897)	94,386,338	0	0	94,585,093
PREFERRED STOCK								
8. NAIC 1.....					.0			
9. NAIC 2.....					.0			
10. NAIC 3.....					.0			
11. NAIC 4.....					.0			
12. NAIC 5.....					.0			
13. NAIC 6.....					.0			
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	94,585,093	6,491,202	6,659,060	(30,897)	94,386,338	0	0	94,585,093

QSI02

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$.....1,565,329; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....	.....565,368	.....XXX.....	.....565,368	.....	.....

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.....1,725,694	.....160,051
2. Cost of short-term investments acquired.....	.....1,431,074	.....6,439,383
3. Accrual of discount.....	.....	.....
4. Unrealized valuation increase (decrease).....	.....	.....
5. Total gain (loss) on disposals.....	.....	.....
6. Deduct consideration received on disposals.....	.....2,591,400	.....4,873,740
7. Deduct amortization of premium.....	.....	.....
8. Total foreign exchange change in book/adjusted carrying value.....	.....	.....
9. Deduct current year's other-than-temporary impairment recognized.....	.....	.....
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	.....565,368	.....1,725,694
11. Deduct total nonadmitted amounts.....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11).....	.....565,368	.....1,725,694

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

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

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

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

**Sch. DB - Verification
NONE**

SCHEDULE E- VERIFICATION

Cash Equivalents

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.0	
2. Cost of cash equivalents acquired.....	999,612	2,099,599
3. Accrual of discount.....	351	401
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....		2,100,000
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/ adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	999,963	.0
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	999,963	.0

Sch. A - Pt. 2
NONE

Sch. A - Pt. 3
NONE

Sch. B - Pt. 2
NONE

Sch. B - Pt. 3
NONE

Sch. BA - Pt. 2
NONE

Sch. BA - Pt. 3
NONE

SCHEDULE D - PART 3

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

1	2		3	4	5	6	7	8	9	10
CUSIP Identification	Description		Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - U.S. Special Revenue and Special Assessment										
3128ME	3F	6	FG	01/19/2017	WELLS FARGO SECURITIES LLC		200,756	200,333	320	1
3128MJ	ZH	6	FG	02/23/2017	CREDIT SUISSE		261,377	248,303	745	1
3128MJ	ZM	5	FG	01/19/2017	CANTOR FITZGERALD		444,551	450,000	863	1
3128MM	VZ	3	FG	02/13/2017	KGS ALPHA CAPITAL MARKETS		299,281	298,557	311	1
3138WJ	PC	6	FN	02/23/2017	J.P. MORGAN		246,441	247,699	557	1
3199999	Total - Bonds - U.S. Special Revenue and Special Assessments						1,452,406	1,444,892	2,796	XXX
Bonds - Industrial and Miscellaneous										
023761	AA	7	AMER AIRLINE 17-1 AA PTT	01/04/2017	CREDIT SUISSE		375,000	375,000		1FE
038222	AL	9	APPLIED MATERIALS INC	03/28/2017	J.P. MORGAN		199,290	200,000		1FE
06406R	AB	3	BANK OF NY MELLON CORP	01/31/2017	CITIGROUP GLOBAL MARKETS		450,000	450,000		1FE
096630	AF	5	BOARDWALK PIPELINES LP	01/05/2017	BARCLAYS AMERICAN		99,659	100,000		2FE
14912L	6J	5	CATERPILLAR FINANCIAL SE	01/05/2017	BARCLAYS AMERICAN		496,860	500,000	3,472	1FE
172967	LD	1	CITIGROUP INC	03/20/2017	MILLENNIUM ADVISORS		250,293	250,000	1,970	2FE
91159H	HP	8	US BANCORP	01/19/2017	US BANCORP INVESTMENTS INC		499,140	500,000		1FE
949746	SH	5	WELLS FARGO & COMPANY	03/20/2017	HSBC SECURITIES LIMITED		237,870	250,000	3,083	1FE
3899999	Total - Bonds - Industrial and Miscellaneous						2,608,112	2,625,000	8,525	XXX
8399997	Total - Bonds - Part 3						4,060,518	4,069,892	11,321	XXX
8399999	Total - Bonds						4,060,518	4,069,892	11,321	XXX
9999999	Total - Bonds, Preferred and Common Stocks						4,060,518	4,069,892	11,321	XXX

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

QE04

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
										11	12	13	14	15								
CUSIP Identification	Description	For rei g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	13 Current Year's Other-Than- Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)	
Bonds - U.S. Government																						
36202E	UM 9		03/01/2017	MBS PAYMENT		38	38	38	38				0		38			0		07/20/2038	1	
36205K	WE 8		03/01/2017	MBS PAYMENT		633	633	630	633				0		633			0		05/15/2024	1	
36208C	7L 5		03/01/2017	MBS PAYMENT		253	253	257	253				0		253			0		07/15/2027	1	
36210A	VC 8		03/01/2017	MBS PAYMENT		410	410	407	410				0		410			0		11/15/2028	1	
0599999	Total - Bonds - U.S. Government						1,334	1,334	1,332	1,334	0	0	0	0	1,334	0	0	0		15	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment																						
3128GW	SY 5		03/01/2017	MBS PAYMENT		409	409	424	409				0		409			0		11/01/2017	1	
3128K6	7K 0		03/01/2017	MBS PAYMENT		2,456	2,456	2,480	2,456				0		2,456			0		07/01/2035	1	
3128KV	MN 2		03/01/2017	MBS PAYMENT		8,521	8,521	8,596	8,522		(1)		(1)		8,521			0		08/01/2037	1	
3128M4	4Q 3		03/01/2017	MBS PAYMENT		8,163	8,163	8,040	8,158		5		5		8,163			0		08/01/2037	1	
3128M5	UZ 1		03/01/2017	MBS PAYMENT		958	958	953	958				0		958			0		02/01/2038	1	
3128M7	XB 7		03/01/2017	MBS PAYMENT		5,992	5,992	6,364	5,999		(7)		(7)		5,992			0		01/01/2040	1	
3128M8	AZ 7		03/01/2017	MBS PAYMENT		6,542	6,542	6,908	6,545		(3)		(3)		6,542			0		08/01/2040	1	
3128ME	3F 6		03/01/2017	MBS PAYMENT		3,658	3,658	3,666					0		3,658			0		01/01/2032	1	
3128ME	XR 7		03/01/2017	MBS PAYMENT		11,113	11,113	11,672	11,126		(13)		(13)		11,113			0		01/01/2029	1	
3128MJ	R3 6		03/01/2017	MBS PAYMENT		12,718	12,718	13,352	12,723		(5)		(5)		12,718			0		09/01/2042	1	
3128MJ	U3 2		03/01/2017	MBS PAYMENT		9,648	9,648	10,320	9,662		(14)		(14)		9,648			0		08/01/2044	1	
3128MJ	X4 7		03/01/2017	MBS PAYMENT		5,818	5,818	6,073	5,821		(3)		(3)		5,818			0		03/01/2046	1	
3128MJ	X5 4		03/01/2017	MBS PAYMENT		9,090	9,090	9,757	9,100		(9)		(9)		9,090			0		03/01/2046	1	
3128MJ	YM 6		03/01/2017	MBS PAYMENT		2,849	2,849	2,964	2,850		(1)		(1)		2,849			0		08/01/2046	1	
3128MJ	ZH 6		03/01/2017	MBS PAYMENT		1,907	1,907	2,008					0		1,907			0		01/01/2047	1	
3128MJ	ZM 5		03/01/2017	MBS PAYMENT		2,502	2,502	2,472					0		2,502			0		02/01/2047	1	
3128MM	VZ 3		03/01/2017	MBS PAYMENT		1,860	1,860	1,865					0		1,860			0		02/01/2032	1	
3128PQ	ZH 7		03/01/2017	MBS PAYMENT		4,636	4,636	4,718	4,638		(2)		(2)		4,636			0		28/02/2025	1	
3128PY	JD 7		03/01/2017	MBS PAYMENT		9,438	9,438	9,760	9,444		(6)		(6)		9,438			0		03/01/2027	1	
3128QJ	UC 8		03/01/2017	VARIOUS		244	244	246	244				0		244			0		01/01/2037	1	
31292H	VU 5		03/01/2017	MBS PAYMENT		3,384	3,384	3,444	3,385		(1)		(1)		3,384			0		28/04/2033	1	
31292L	KQ 7		03/01/2017	MBS PAYMENT		7,047	7,047	7,050	7,047				0		7,047			0		04/01/2042	1	
31292L	L6 0		03/01/2017	MBS PAYMENT		5,969	5,969	6,122	5,970		(2)		(2)		5,969			0		03/01/2042	1	
312940	2H 1		03/01/2017	MBS PAYMENT		3,053	3,053	3,134	3,054		(1)		(1)		3,053			0		20/07/2040	1	
312941	NJ 2		03/01/2017	MBS PAYMENT		6,540	6,540	6,881	6,545		(5)		(5)		6,540			0		07/01/2040	1	
312942	NF 8		03/01/2017	MBS PAYMENT		5,697	5,697	5,893	5,701		(4)		(4)		5,697			0		09/01/2040	1	
31294M	DW 8		03/01/2017	MBS PAYMENT		6,537	6,537	6,365	6,534		3		3		6,537			0		01/01/2026	1	
312964	DE 6		03/01/2017	MBS PAYMENT		4,403	4,403	4,510	4,405		(2)		(2)		4,403			0		01/01/2019	1	
312964	H5 1		03/01/2017	MBS PAYMENT		1,664	1,664	1,708	1,665		(1)		(1)		1,664			0		01/01/2019	1	
31296M	PA 1		03/01/2017	MBS PAYMENT		33,144	33,144	32,792	33,121		23		23		33,144			0		09/01/2033	1	
31296Q	4R 8		03/01/2017	MBS PAYMENT		3,330	3,330	3,397	3,331		(1)		(1)		3,330			0		11/01/2033	1	
3132GL	VB 7		03/01/2017	MBS PAYMENT		11,265	11,265	11,263	11,265				0		11,265			0		01/01/2042	1	
3132J2	5H 2		03/01/2017	MBS PAYMENT		5,908	5,908	6,135	5,911		(3)		(3)		5,908			0		07/01/2033	1	
31335A	QK 7		03/01/2017	MBS PAYMENT		11,783	11,783	12,400	11,791		(9)		(9)		11,783			0		01/01/2044	1	
31335A	UL 0		03/01/2017	MBS PAYMENT		2,708	2,708	2,897	2,711		(2)		(2)		2,708			0		02/01/2046	1	
31335H	SU 3		03/01/2017	MBS PAYMENT		3,546	3,546	3,644	3,548		(3)		(3)		3,546			0		10/01/2024	1	
31371G	SS 0		03/01/2017	MBS PAYMENT		967	967	962	967				0		967			0		05/01/2018	1	
31371H	B6 4		03/01/2017	MBS PAYMENT		2,951	2,951	2,916	2,950		1		1		2,951			0		12/01/2028	1	
31371K	A4 3		03/01/2017	MBS PAYMENT		77	77	76	77				0		77			0		07/01/2031	1	
31371M	CG 0		03/01/2017	MBS PAYMENT		4,122	4,122	4,203	4,123		(2)		(2)		4,122			0		07/01/2035	1	
3138AN	CW 1		03/01/2017	MBS PAYMENT		7,372	7,372	7,729	7,376		(4)		(4)		7,372			0		08/01/2041	1	
3138AN	YU 1		03/01/2017	MBS PAYMENT		8,695	8,695	9,214	8,702		(7)		(7)		8,695			0		08/01/2041	1	
3138AV	TB 1		03/01/2017	MBS PAYMENT		8,644	8,644	9,019	8,652		(7)		(7)		8,644			0		11/01/2041	1	
3138AW	RQ 8		03/01/2017	MBS PAYMENT		6,090	6,090	6,555	6,096		(6)		(6)		6,090			0		11/01/2041	1	
3138E0	SF 7		03/01/2017	MBS PAYMENT		7,751	7,751	7,988	7,755		(5)		(5)		7,751			0		12/01/2026	1	
3138EG	HX 5		03/01/2017	MBS PAYMENT		8,438	8,438	8,693	8,443		(6)		(6)		8,438			0		04/01/2041	1	
3138EH	US 9		03/01/2017	MBS PAYMENT		9,420	9,420	9,855	9,426		(6)		(6)		9,420			0		03/01/2042	1	

QE05

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	11 Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
3138EJ 3Y 2	FN AL2614		03/01/2017	MBS PAYMENT		3,421	3,421	3,538	3,423		(1)		(1)		3,421			.0	.19	11/01/2042	1
3138EJ RA 8	FN AL2280		03/01/2017	MBS PAYMENT		15,008	15,008	15,981	15,029		(21)		(21)		15,008			.0	.93	09/01/2042	1
3138EK FB 6	FN AL2861		03/01/2017	MBS PAYMENT		7,381	7,381	7,582	7,383		(2)		(2)		7,381			.0	.40	12/01/2042	1
3138EK HJ 7	FN AL2932		03/01/2017	MBS PAYMENT		2,537	2,537	2,669	2,539		(2)		(2)		2,537			.0	.15	07/01/2042	1
3138EK YW 9	FN AL3424		03/01/2017	MBS PAYMENT		7,220	7,220	7,579	7,225		(5)		(5)		7,220			.0	.48	01/01/2043	1
3138ET 2J 4	FN AL8876		03/01/2017	MBS PAYMENT		5,987	5,987	6,231	5,990		(3)		(3)		5,987			.0	.27	10/01/2044	1
3138LR AE 2	FN AO0904		03/01/2017	MBS PAYMENT		3,575	3,575	3,674	3,576		(1)		(1)		3,575			.0	.24	04/01/2042	1
3138LU SX 4	FN AO4133		03/01/2017	MBS PAYMENT		9,001	9,001	8,992	9,001				.0		9,001			.0	.49	06/01/2042	1
3138MK 2E 5	FN AQ4372		03/01/2017	MBS PAYMENT		6,772	6,772	6,764	6,772				.0		6,772			.0	.27	11/01/2027	1
3138W0 LE 4	FN AR3048		03/01/2017	MBS PAYMENT		4,332	4,332	4,297	4,331				.0		4,332			.0	.18	01/01/2028	1
3138W4 CR 0	FN AR6379		03/01/2017	MBS PAYMENT		6,369	6,369	6,592	6,370		(1)		(1)		6,369			.0	.24	02/01/2043	1
3138W6 SU 1	FN AR8630		03/01/2017	MBS PAYMENT		2,955	2,955	3,044	2,956		(1)		(1)		2,955			.0	.13	04/01/2043	1
3138W9 HW 3	FN AS0244		03/01/2017	MBS PAYMENT		5,864	5,864	6,067	5,866		(2)		(2)		5,864			.0	.29	08/01/2043	1
3138W9 KR 0	FN AS0303		03/01/2017	MBS PAYMENT		6,028	6,028	6,009	6,027				.0		6,028			.0	.28	08/01/2043	1
3138W9 MT 4	FN AS0369		03/01/2017	MBS PAYMENT		7,284	7,284	7,806	7,292		(8)		(8)		7,284			.0	.36	09/01/2043	1
3138WA FR 3	FN AS1075		03/01/2017	MBS PAYMENT		8,695	8,695	8,961	8,698		(4)		(4)		8,695			.0	.36	11/01/2043	1
3138WA WT 0	FN AS1557		03/01/2017	MBS PAYMENT		16,540	16,540	17,568	16,556		(17)		(17)		16,540			.0	.99	01/01/2044	1
3138WB UK 9	FN AS2385		03/01/2017	MBS PAYMENT		5,006	5,006	5,285	5,008		(2)		(2)		5,006			.0	.26	05/01/2044	1
3138WE ZJ 1	FN AS5244		03/01/2017	MBS PAYMENT		7,365	7,365	7,628	7,368		(3)		(3)		7,365			.0	.37	06/01/2045	1
3138WG DN 1	FN AS6408		03/01/2017	MBS PAYMENT		6,279	6,279	6,640	6,283		(4)		(4)		6,279			.0	.28	01/01/2046	1
3138WG HY 3	FN AS6546		03/01/2017	MBS PAYMENT		4,474	4,474	4,617	4,475		(2)		(2)		4,474			.0	.16	01/01/2031	1
3138WJ PC 6	FN AS8518		03/01/2017	MBS PAYMENT		.787	.787	.783					.0		.787			.0	.2	12/01/2046	1
3138WM KY 6	FN AT0310		03/01/2017	MBS PAYMENT		14,001	14,001	14,911	14,018		(17)		(17)		14,001			.0	.80	03/01/2043	1
3138WX FK 8	FN AT9169		03/01/2017	MBS PAYMENT		8,791	8,791	8,739	8,790		.1		.1		8,791			.0	.36	07/01/2028	1
3138WZ TZ 5	FN AU0567		03/01/2017	MBS PAYMENT		5,089	5,089	5,040	5,089				.0		5,089			.0	.26	08/01/2043	1
3138X0 YA 2	FN AU1628		03/01/2017	MBS PAYMENT		4,579	4,579	4,489	4,579		.1		.1		4,579			.0	.21	07/01/2043	1
3138X1 3A 8	FN AU2592		03/01/2017	MBS PAYMENT		6,386	6,386	6,615	6,388		(3)		(3)		6,386			.0	.42	08/01/2043	1
3138X3 XM 9	FN AU4283		03/01/2017	MBS PAYMENT		6,845	6,845	6,869	6,845				.0		6,845			.0	.37	09/01/2043	1
3138Y6 3S 1	FN AX5308		03/01/2017	MBS PAYMENT		11,830	11,830	12,415	11,836		(7)		(7)		11,830			.0	.46	01/01/2042	1
3138YH UE 5	FN AY4204		03/01/2017	MBS PAYMENT		8,068	8,068	8,333	8,072		(4)		(4)		8,068			.0	.42	05/01/2045	1
31394V LV 0	FNR 2005-123 PG		03/01/2017	MBS PAYMENT		38,220	38,220	37,076	38,206		.13		.13		38,220			.0	.285	01/25/2036	1
31400Y 3Q 7	FN 702007		03/01/2017	MBS PAYMENT		1,875	1,875	1,919	1,876		(1)		(1)		1,875			.0	.22	05/01/2033	1
31404V 4L 9	FN 780327		03/01/2017	MBS PAYMENT		10,088	10,088	10,164	10,090		(2)		(2)		10,088			.0	.83	07/01/2019	1
31404W UE 4	FN 780981		03/01/2017	MBS PAYMENT		5,400	5,400	5,390	5,399		.1		.1		5,400			.0	.40	06/01/2019	1
31406U HH 4	FN 820232		03/01/2017	MBS PAYMENT		2,868	2,868	2,912	2,869		(1)		(1)		2,868			.0	.37	06/01/2035	1
31407B BK 4	FN 825442		03/01/2017	MBS PAYMENT		12,313	12,313	12,454	12,314		(1)		(1)		12,313			.0	.113	05/01/2035	1
31409Y UL 9	FN 882687		03/01/2017	MBS PAYMENT		363	363	360	363				.0		363			.0	.4	06/01/2036	1
31410U KA 9	FN 897689		03/01/2017	MBS PAYMENT		.562	.562	.550	.562				.0		.562			.0	.5	06/01/2037	1
31413R 2P 0	FN 953582		03/01/2017	MBS PAYMENT		1,522	1,522	1,605	1,522				.0		1,522			.0	.9	12/01/2037	1
31416J ZM 6	FN AA1647		03/01/2017	MBS PAYMENT		324	324	335	324				.0		324			.0	.3	02/01/2039	1
31416M 5A 8	FN AA4440		03/01/2017	MBS PAYMENT		1,838	1,838	1,904	1,839		(2)		(2)		1,838			.0	.10	03/01/2039	1
31417C JL 0	FN AB5666		03/01/2017	MBS PAYMENT		4,221	4,221	4,304	4,222		(1)		(1)		4,221			.0	.22	07/01/2042	1
31417C KM 6	FN AB5699		03/01/2017	MBS PAYMENT		4,955	4,955	4,936	4,954				.0		4,955			.0	.28	07/01/2042	1
31417C VS 1	FN AB6024		03/01/2017	MBS PAYMENT		5,427	5,427	5,675	5,429		(2)		(2)		5,427			.0	.22	08/01/2042	1
31417D TR 4	FN AB6859		03/01/2017	MBS PAYMENT		6,634	6,634	6,895	6,636		(3)		(3)		6,634			.0	.37	11/01/2042	1
31417E MZ 1	FN AB7575		03/01/2017	MBS PAYMENT		5,353	5,353	5,334	5,353				.0		5,353			.0	.23	01/01/2043	1
31417E N9 8	FN AB7615		03/01/2017	MBS PAYMENT		8,924	8,924	9,325	8,928		(4)		(4)		8,924			.0	.45	01/01/2043	1
31417F 3E 6	FN AB8896		03/01/2017	MBS PAYMENT		4,160	4,160	4,043	4,159		.1		.1		4,160			.0	.19	04/01/2043	1
31417G 5A 0	FN AB9840		03/01/2017	MBS PAYMENT		9,821	9,821	10,295	9,829		(8)		(8)		9,821			.0	.55	07/01/2043	1
31417H B5 2	FN AB9959		03/01/2017	MBS PAYMENT		4,338	4,338	4,526	4,340		(2)		(2)		4,338			.0	.33	07/01/2043	1
31418W CY 4	FN AD8186		03/01/2017	MBS PAYMENT		3,308	3,308	3,427	3,310		(2)		(2)		3,308			.0	.19	09/01/2025	1
31419E UD 9	FN AE4179		03/01/2017	MBS PAYMENT		3,480	3,480	3,603	3,483		(2)		(2)		3,480			.0	.20	10/01/2025	1
31419J SV 1	FN AE7731		03/01/2017	MBS PAYMENT		10,392	10,392	11,082	10,408		(16)		(16)		10,392			.0	.73	11/01/2040	1
3199999	Total - Bonds - U.S. Special Revenue and Special Assessments					643,882	643,882	661,315	633,406	.0	(249)	.0	(249)	.0	643,882	.0	.0	.0	3,987	XXX	XXX

QE05.1

Bonds - Industrial and Miscellaneous

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	For rei gn	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	13 Current Year's Other-Than- Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
05568B AA 6	BURLINGTN NO SF 06-1 TR.....		01/15/2017	MBS PAYMENT.....		45,468	45,468	45,593	45,468				0		45,468			0	1,300	01/15/2024	1FE.....
064057 BD 3	BANK OF NY MELLON CORP.....		01/31/2017	BROWNSTONE INVESTMENT GROUP LLC.....		464,103	450,000	449,888	449,992		1		1		449,993		14,110	14,110	4,263	12/01/2017	1FE.....
093662 AF 1	BLOCK FINANCIAL LLC.....		01/03/2017	MORGAN STANLEY.....		511,635	500,000	498,370	498,748		4		4		498,752		12,883	12,883	5,443	10/01/2020	2FE.....
12489W QD 9	CBASS 2005-CB8 AF2.....		03/01/2017	MBS PAYMENT.....		10,492	10,492	10,492	10,492				0		10,492			0	81	12/25/2035	1FM.....
185506 AB 8	CLECO 2008-A A2.....		03/01/2017	MBS PAYMENT.....		88,152	88,152	88,026	88,152				0		88,152			0	2,473	03/01/2023	1FE.....
219207 AB 3	CORNELL UNIVERSITY.....		01/19/2017	CALLED BY ISSUER at 107.589....		215,179	200,000	199,776	199,938		15,241		15,241		215,179			0	5,087	02/01/2019	1FE.....
406216 AX 9	HALLIBURTON CO.....		03/15/2017	CALLED BY ISSUER at 110.019....		660,116	600,000	619,338	606,140		53,976		53,976		660,116			0	18,450	09/15/2019	2FE.....
63254A AB 4	NATIONAL AUSTRALIA BK LT.....		03/09/2017	MATURITY.....		250,000	250,000	249,548	249,982		18		18		250,000			0	3,438	03/09/2017	1FE.....
742741 AA 9	PROCTER & GAMBLE - ESOP.....		01/01/2017	SINK.....		41,780	41,780	41,780	41,780				0		41,780			0	1,955	01/01/2021	1FE.....
90783X AA 9	UNION PACIFIC RR CO 07-3.....		01/02/2017	MBS PAYMENT.....		24,573	24,573	24,573	24,573				0		24,573			0	759	01/02/2031	1FE.....
055451 AH 1	BHP BILLITON FIN USA LTD.....	D	03/02/2017	TENDER OFFER.....		387,569	350,000	348,877	349,683		22		22		349,705		37,864	37,864	9,542	04/01/2019	1FE.....
500472 AB 1	KONINKLIJKE PHILIPS NV.....	D	01/20/2017	CALLED BY ISSUER at 105.098....		788,235	750,000	741,038	748,638		39,597		39,597		788,235			0	15,453	03/11/2018	2FE.....
3899999	Total - Bonds - Industrial and Miscellaneous.....					3,487,302	3,310,465	3,317,299	3,313,586	0	108,859	0	108,859	0	3,422,445	0	64,857	64,857	68,244	XXX	XXX
8399997	Total - Bonds - Part 4.....					4,132,518	3,955,681	3,979,946	3,948,326	0	108,610	0	108,610	0	4,067,661	0	64,857	64,857	72,246	XXX	XXX
8399999	Total - Bonds.....					4,132,518	3,955,681	3,979,946	3,948,326	0	108,610	0	108,610	0	4,067,661	0	64,857	64,857	72,246	XXX	XXX
9999999	Total - Bonds, Preferred and Common Stocks.....					4,132,518	XXX	3,979,946	3,948,326	0	108,610	0	108,610	0	4,067,661	0	64,857	64,857	72,246	XXX	XXX

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

QE05.2

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

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

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

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

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
BANK OF AMERICA	PROVIDENCE, RI				988,486	497,722	414,997	XXX
0199999. Total Open Depositories	XXX	XXX	0	0	988,486	497,722	414,997	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	988,486	497,722	414,997	XXX
0599999. Total Cash	XXX	XXX	0	0	988,486	497,722	414,997	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations							
LOREAL USA INC.....		03/02/2017.....	0.650	04/03/2017.....	499,982		262
ONTARIO (PROVINCE OF).....		03/22/2017.....	0.710	04/03/2017.....	499,980		89
3299999. Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations.....					999,962	0	351
3899999. Total - Industrial and Miscellaneous (Unaffiliated).....					999,962	0	351
Total Bonds							
7799999. Subtotals - Issuer Obligations.....					999,962	0	351
8399999. Subtotals - Bonds.....					999,962	0	351
8699999. Total - Cash Equivalents.....					999,962	0	351

QE13



SUPPLEMENT "A" TO SCHEDULE T

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

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

Physicians - Including Surgeons and Osteopaths

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ								
4. Arkansas.....AR								
5. California.....CA								
6. Colorado.....CO								
7. Connecticut.....CT								
8. Delaware.....DE								
9. District of Columbia.....DC								
10. Florida.....FL								
11. Georgia.....GA								
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL								
15. Indiana.....IN								
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY								
19. Louisiana.....LA								
20. Maine.....ME								
21. Maryland.....MD								
22. Massachusetts.....MA								
23. Michigan.....MI								
24. Minnesota.....MN								
25. Mississippi.....MS								
26. Missouri.....MO								
27. Montana.....MT								
28. Nebraska.....NE								
29. Nevada.....NV								
30. New Hampshire.....NH								
31. New Jersey.....NJ								
32. New Mexico.....NM								
33. New York.....NY								
34. North Carolina.....NC								
35. North Dakota.....ND								
36. Ohio.....OH								
37. Oklahoma.....OK								
38. Oregon.....OR								
39. Pennsylvania.....PA								
40. Rhode Island.....RI	479,906	333,183	63,868	4	632,651	9,449,265	32	18,076,308
41. South Carolina.....SC								
42. South Dakota.....SD								
43. Tennessee.....TN								
44. Texas.....TX								
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA								
48. Washington.....WA								
49. West Virginia.....WV								
50. Wisconsin.....WI								
51. Wyoming.....WY								
52. American Samoa.....AS								
53. Guam.....GU								
54. Puerto Rico.....PR								
55. US Virgin Islands.....VI								
56. Northern Mariana Islands.....MP								
57. Canada.....CAN								
58. Aggregate Other Alien.....OT	0	0	0	0	0	0	0	0
59. Totals.....	479,906	333,183	63,868	4	632,651	9,449,265	32	18,076,308

DETAILS OF WRITE-INS

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



SUPPLEMENT "A" TO SCHEDULE T

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

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

Hospitals

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ								
4. Arkansas.....AR								
5. California.....CA								
6. Colorado.....CO								
7. Connecticut.....CT								
8. Delaware.....DE								
9. District of Columbia.....DC								
10. Florida.....FL								
11. Georgia.....GA								
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL								
15. Indiana.....IN								
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY								
19. Louisiana.....LA								
20. Maine.....ME								
21. Maryland.....MD								
22. Massachusetts.....MA								
23. Michigan.....MI								
24. Minnesota.....MN								
25. Mississippi.....MS								
26. Missouri.....MO								
27. Montana.....MT								
28. Nebraska.....NE								
29. Nevada.....NV								
30. New Hampshire.....NH								
31. New Jersey.....NJ								
32. New Mexico.....NM								
33. New York.....NY								
34. North Carolina.....NC								
35. North Dakota.....ND								
36. Ohio.....OH								
37. Oklahoma.....OK								
38. Oregon.....OR								
39. Pennsylvania.....PA								
40. Rhode Island.....RI	91,328	74,459	500,000	1	(92,043)	3,350,000	15	4,618,020
41. South Carolina.....SC								
42. South Dakota.....SD								
43. Tennessee.....TN								
44. Texas.....TX								
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA								
48. Washington.....WA								
49. West Virginia.....WV								
50. Wisconsin.....WI								
51. Wyoming.....WY								
52. American Samoa.....AS								
53. Guam.....GU								
54. Puerto Rico.....PR								
55. US Virgin Islands.....VI								
56. Northern Mariana Islands.....MP								
57. Canada.....CAN								
58. Aggregate Other Alien.....OT	0	0	0	0	0	0	0	0
59. Totals.....	91,328	74,459	500,000	1	(92,043)	3,350,000	15	4,618,020

DETAILS OF WRITE-INS

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

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

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

**Overflow Page
NONE**