



ANNUAL STATEMENT

For the Year Ended December 31, 2018
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 401-369-8240
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address One Turks Head Place .. Providence .. RI 02903
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Primary Location of Books and Records One Turks Head Place .. Providence .. RI 02903 401-369-8240
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Internet Web Site Address

Statutory Statement Contact Jerilynn Leahy 401-369-8245
(Name) (Area Code) (Telephone Number) (Extension)
jleahy@beechercarlson.com 401-369-8241
(E-Mail Address) (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	James Pascalides DPM	Robert Suglia	Earl Cottam Jr.
Timothy Knapp	Don Baldini	Larry Alan	Barbara M Cavicchio DDS
Newell Warde			

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

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

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

Subscribed and sworn to before me
This 14 day of Feb. 2019

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 _____

NOTARY PUBLIC
NOTARIZATION FOR LARRY ALAN- ONLY





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

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

Subscribed and sworn to before me
This 23 day of January 2019
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



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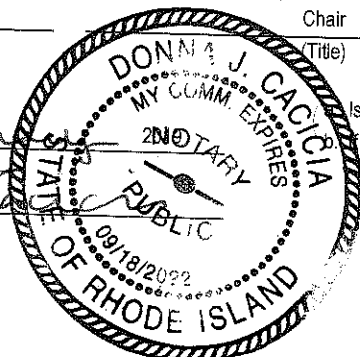
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1. (Printed Name) Secretary	2. (Printed Name) Chair	3. (Printed Name) Assistant Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 22nd day of January



Is this an original filing?

- no
1. State the amendment number
 2. Date filed
 3. Number of pages attached

Yes [X] No []

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	88,938,221		88,938,221	89,903,744
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
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 (\$.....1,546,148, Schedule E-Part 1), cash equivalents (\$.....27,497, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	1,573,645		1,573,645	1,286,467
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....	59,089,912		59,089,912	59,589,415
9. Receivables for securities.....	99		99	46
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	149,601,877	0	149,601,877	150,779,672
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	1,343,242		1,343,242	1,374,293
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	(67,097)		(67,097)	24,812
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	126,188		126,188	134,064
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....	72,680		72,680	
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.....	3,556	0	3,556	11,830
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	151,080,446	0	151,080,446	152,324,671
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTAL (Lines 26 and 27).....	151,080,446	0	151,080,446	152,324,671

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 through 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Miscellaneous Accounts Receivable.....	2,056		2,056	1,429
2502. Prepaid Losses.....			0	
2503. Prepaid premium tax.....	1,500		1,500	10,401
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	3,556	0	3,556	11,830

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8).....	24,176,435	29,039,660
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6).....		
3. Loss adjustment expenses (Part 2A, Line 35, Column 9).....	8,903,520	10,219,757
4. Commissions payable, contingent commissions and other similar charges.....	67,359	67,103
5. Other expenses (excluding taxes, licenses and fees).....	184,047	177,200
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)).....	181,658	150,176
7.2 Net deferred tax liability.....		682,929
8. Borrowed money \$.....0 and interest thereon \$.....0.....		
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$.....0 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act).....	1,992,197	1,886,674
10. Advance premium.....	74,355	118,450
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 (Schedule F, Part 3, Column 20).....		
14. Amounts withheld or retained by company for account of others.....	960,527	1,712,443
15. Remittances and items not allocated.....		
16. Provision for reinsurance (including \$.....0 certified) (Schedule F, Part 3, Column 78).....		
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.....	16,523	3,247
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	36,556,621	44,057,639
27. Protected cell liabilities.....		
28. Total liabilities (Lines 26 and 27).....	36,556,621	44,057,639
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).....	114,523,825	108,267,032
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) (Page 4, Line 39).....	114,523,825	108,267,032
38. TOTAL (Page 2, Line 28, Col. 3).....	151,080,446	152,324,671

DETAILS OF WRITE-INS

2501. Unearned Finance Charge.....		
2502. Premium Deficiency Reserve.....		
2503. Losses Payable.....	16,523	3,247
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	16,523	3,247
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	0	0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page.....	0	0
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above).....	0	0

STATEMENT OF INCOME

	1 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4).....	1,819,475	1,776,389
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7).....	(3,660,619)	(4,619,141)
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1).....	(738,795)	(922,794)
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2).....	1,602,181	1,544,208
5. Aggregate write-ins for underwriting deductions.....	0	0
6. Total underwriting deductions (Lines 2 through 5).....	(2,797,233)	(3,997,727)
7. Net income of protected cells.....		
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7).....	4,616,708	5,774,116
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	4,883,368	4,843,948
10. Net realized capital gains (losses) less capital gains tax of \$....467,432 (Exhibit of Capital Gains (Losses)).....	1,758,434	1,383,365
11. Net investment gain (loss) (Lines 9 + 10).....	6,641,802	6,227,313
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....	0	
13. Finance and service charges not included in premiums.....	16,691	16,769
14. Aggregate write-ins for miscellaneous income.....	(536,000)	(536,000)
15. Total other income (Lines 12 through 14).....	(519,309)	(519,231)
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	10,739,201	11,482,198
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).....	10,739,201	11,482,198
19. Federal and foreign income taxes incurred.....	1,764,050	2,689,272
20. Net income (Line 18 minus Line 19) (to Line 22).....	8,975,151	8,792,926
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).....	108,267,032	98,442,126
22. Net income (from Line 20).....	8,975,151	8,792,926
23. Net transfers (to) from Protected Cell accounts.....		
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$....(729,533).....	(2,744,434)	1,768,820
25. Change in net unrealized foreign exchange capital gain (loss).....		
26. Change in net deferred income tax.....	26,076	(736,840)
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Column 3).....		
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1).....		
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 (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1).....		
37. Aggregate write-ins for gains and losses in surplus.....	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37).....	6,256,793	9,824,906
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37).....	114,523,825	108,267,032
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
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above).....	0	0
1401. Gain or loss on retroactive reinsurance.....	(536,000)	(536,000)
1402.		
1403.		
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	(536,000)	(536,000)
3701.		
3702.		
3703.		
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0
3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above).....	0	0

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	1,980,683	1,917,340
2. Net investment income.....	5,318,187	5,307,287
3. Miscellaneous income.....	(1,341,213)	(507,267)
4. Total (Lines 1 through 3).....	5,957,657	6,717,360
5. Benefit and loss related payments.....	1,202,606	2,870,592
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	2,080,979	3,985,367
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	2,200,000	2,900,000
10. Total (Lines 5 through 9).....	5,483,585	9,755,959
11. Net cash from operations (Line 4 minus Line 10).....	474,072	(3,038,599)
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	17,389,215	14,399,287
12.2 Stocks.....		
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7 Miscellaneous proceeds.....		75
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	17,389,215	14,399,362
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	16,843,500	11,692,399
13.2 Stocks.....		
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....	795,875	1,245,546
13.7 Total investments acquired (Lines 13.1 to 13.6).....	17,639,375	12,937,945
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(250,160)	1,461,417
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).....	63,267	
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	63,267	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	287,179	(1,577,182)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	1,286,467	2,863,648
19.2 End of year (Line 18 plus Line 19.1).....	1,573,645	1,286,467

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

20.0001		
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UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS EARNED

	1	2	3	4
Line of Business	Net Premiums Written per Column 6, Part 1B	Unearned Premiums December 31 Prior Year- per Col. 3, Last Year's Part 1	Unearned Premiums December 31 Current Year- per Col. 5, Part 1A	Premiums Earned During Year (Cols. 1 + 2 - 3)
1. Fire.....	0		.0	.0
2. Allied lines.....	0		.0	.0
3. Farmowners multiple peril.....	0		.0	.0
4. Homeowners multiple peril.....	0		.0	.0
5. Commercial multiple peril.....	0		.0	.0
6. Mortgage guaranty.....	0		.0	.0
8. Ocean marine.....	0		.0	.0
9. Inland marine.....	0		.0	.0
10. Financial guaranty.....	0		.0	.0
11.1 Medical professional liability - occurrence.....	972,512	1,681,362	1,659,904	993,970
11.2 Medical professional liability - claims-made.....	675,379	165,195	237,497	603,077
12. Earthquake.....	0		.0	.0
13. Group accident and health.....	0		.0	.0
14. Credit accident and health (group and individual).....	0		.0	.0
15. Other accident and health.....	0		.0	.0
16. Workers' compensation.....	0		.0	.0
17.1 Other liability - occurrence.....	277,107	40,117	94,796	222,428
17.2 Other liability - claims-made.....	0		.0	.0
17.3 Excess workers' compensation.....	0		.0	.0
18.1 Products liability - occurrence.....	0		.0	.0
18.2 Products liability - claims-made.....	0		.0	.0
19.1, 19.2 Private passenger auto liability.....	0		.0	.0
19.3, 19.4 Commercial auto liability.....	0		.0	.0
21. Auto physical damage.....	0		.0	.0
22. Aircraft (all perils).....	0		.0	.0
23. Fidelity.....	0		.0	.0
24. Surety.....	0		.0	.0
26. Burglary and theft.....	0		.0	.0
27. Boiler and machinery.....	0		.0	.0
28. Credit.....	0		.0	.0
29. International.....	0		.0	.0
30. Warranty.....	0		.0	.0
31. Reinsurance - nonproportional assumed property.....	0		.0	.0
32. Reinsurance - nonproportional assumed liability.....	0		.0	.0
33. Reinsurance - nonproportional assumed financial lines.....	0		.0	.0
34. Aggregate write-ins for other lines of business.....	0	0	.0	.0
35. TOTALS.....	1,924,998	1,886,674	1,992,197	1,819,475

DETAILS OF WRITE-INS

3401.	0		.0	.0
3402.	0		.0	.0
3403.	0		.0	.0
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	.0	.0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	.0	.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1A - RECAPITULATION OF ALL PREMIUMS

Line of Business		1	2	3	4	5
		Amount Unearned (Running One Year or Less from Date of Policy) (a)	Amount Unearned (Running More Than One Year from Date of Policy) (a)	Earned But Unbilled Premium	Reserve for Rate Credits and Retrospective Adjustments Based on Experience	Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1.	Fire.....					.....0
2.	Allied lines.....					.....0
3.	Farmowners multiple peril.....					.....0
4.	Homeowners multiple peril.....					.....0
5.	Commercial multiple peril.....					.....0
6.	Mortgage guaranty.....					.....0
8.	Ocean marine.....					.....0
9.	Inland marine.....					.....0
10.	Financial guaranty.....					.....0
11.1	Medical professional liability - occurrence.....	1,659,904				1,659,904
11.2	Medical professional liability - claims-made.....	237,497				237,497
12.	Earthquake.....					.....0
13.	Group accident and health.....					.....0
14.	Credit accident and health (group and individual).....					.....0
15.	Other accident and health.....					.....0
16.	Workers' compensation.....					.....0
17.1	Other liability - occurrence.....	94,796				94,796
17.2	Other liability - claims-made.....					.....0
17.3	Excess workers' compensation.....					.....0
18.1	Products liability - occurrence.....					.....0
18.2	Products liability - claims-made.....					.....0
19.1, 19.2	Private passenger auto liability.....					.....0
19.3, 19.4	Commercial auto liability.....					.....0
21.	Auto physical damage.....					.....0
22.	Aircraft (all perils).....					.....0
23.	Fidelity.....					.....0
24.	Surety.....					.....0
26.	Burglary and theft.....					.....0
27.	Boiler and machinery.....					.....0
28.	Credit.....					.....0
29.	International.....					.....0
30.	Warranty.....					.....0
31.	Reinsurance - nonproportional assumed property.....					.....0
32.	Reinsurance - nonproportional assumed liability.....					.....0
33.	Reinsurance - nonproportional assumed financial lines.....					.....0
34.	Aggregate write-ins for other lines of business.....	0	0	0	0	0
35.	TOTALS.....	1,992,197	0	0	0	1,992,197
36.	Accrued retrospective premiums based on experience.....					.....0
37.	Earned but unbilled premiums.....					.....0
38.	Balance (sum of Lines 35 through 37).....					1,992,197

DETAILS OF WRITE-INS

3401.	.....					.....0
3402.	.....					.....0
3403.	.....					.....0
3498.	Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0	0

(a) State here basis of computation used in each case:

Medical Malpractice Joint Underwriting Association of Rhode Island UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written (Cols. 1 + 2 + 3 - 4 - 5)
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire.....						.0
2. Allied lines.....						.0
3. Farmowners multiple peril.....						.0
4. Homeowners multiple peril.....						.0
5. Commercial multiple peril.....						.0
6. Mortgage guaranty.....						.0
8. Ocean marine.....						.0
9. Inland marine.....						.0
10. Financial guaranty.....						.0
11.1 Medical professional liability - occurrence.....	972,512					972,512
11.2 Medical professional liability - claims-made.....	675,379					675,379
12. Earthquake.....						.0
13. Group accident and health.....						.0
14. Credit accident and health (group and individual).....						.0
15. Other accident and health.....						.0
16. Workers' compensation.....						.0
17.1 Other liability - occurrence.....	277,107					277,107
17.2 Other liability - claims-made.....						.0
17.3 Excess workers' compensation.....						.0
18.1 Products liability - occurrence.....						.0
18.2 Products liability - claims-made.....						.0
19.1, 19.2 Private passenger auto liability.....						.0
19.3, 19.4 Commercial auto liability.....						.0
21. Auto physical damage.....						.0
22. Aircraft (all perils).....						.0
23. Fidelity.....						.0
24. Surety.....						.0
26. Burglary and theft.....						.0
27. Boiler and machinery.....						.0
28. Credit.....						.0
29. International.....						.0
30. Warranty.....						.0
31. Reinsurance - nonproportional assumed property.....	XXX					.0
32. Reinsurance - nonproportional assumed liability.....	XXX					.0
33. Reinsurance - nonproportional assumed financial lines.....	XXX					.0
34. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0
35. TOTALS.....	1,924,998	.0	.0	.0	.0	1,924,998

DETAILS OF WRITE-INS

3401. ....						.0
3402. ....						.0
3403. ....						.0
3498. Summary of remaining write-ins for Line 34 from overflow page.....	.0	.0	.0	.0	.0	.0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....	.0	.0	.0	.0	.0	.0

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

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

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage				5 Net Losses Unpaid Current Year (Part 2A, Col. 8)	6 Net Losses Unpaid Prior Year	7 Losses Incurred Current Year (Cols. 4 + 5 - 6)	8 Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire.....				0	0	0	0.0	
2. Allied lines.....				0	0	0	0.0	
3. Farmowners multiple peril.....				0	0	0	0.0	
4. Homeowners multiple peril.....				0	0	0	0.0	
5. Commercial multiple peril.....				0	0	0	0.0	
6. Mortgage guaranty.....				0	0	0	0.0	
8. Ocean marine.....				0	0	0	0.0	
9. Inland marine.....				0	0	0	0.0	
10. Financial guaranty.....				0	0	0	0.0	
11.1 Medical professional liability - occurrence.....	1,075,106			1,075,106	19,415,127	23,553,552	(3,063,319)	(308.2)
11.2 Medical professional liability - claims-made.....				0	4,370,612	4,458,622	(88,010)	(14.6)
12. Earthquake.....				0	0	0	0	0.0
13. Group accident and health.....				0	0	0	0	0.0
14. Credit accident and health (group and individual).....				0	0	0	0	0.0
15. Other accident and health.....				0	0	0	0	0.0
16. Workers' compensation.....				0	0	0	0	0.0
17.1 Other liability - occurrence.....	127,500			127,500	390,696	1,027,486	(509,290)	(229.0)
17.2 Other liability - claims-made.....				0	0	0	0	0.0
17.3 Excess workers' compensation.....				0	0	0	0	0.0
18.1 Products liability - occurrence.....				0	0	0	0	0.0
18.2 Products liability - claims-made.....				0	0	0	0	0.0
19.1, 19.2 Private passenger auto liability.....				0	0	0	0	0.0
19.3, 19.4 Commercial auto liability.....				0	0	0	0	0.0
21. Auto physical damage.....				0	0	0	0	0.0
22. Aircraft (all perils).....				0	0	0	0	0.0
23. Fidelity.....				0	0	0	0	0.0
24. Surety.....				0	0	0	0	0.0
26. Burglary and theft.....				0	0	0	0	0.0
27. Boiler and machinery.....				0	0	0	0	0.0
28. Credit.....				0	0	0	0	0.0
29. International.....				0	0	0	0	0.0
30. Warranty.....				0	0	0	0	0.0
31. Reinsurance - nonproportional assumed property.....	XXX			0	0	0	0	0.0
32. Reinsurance - nonproportional assumed liability.....	XXX			0	0	0	0	0.0
33. Reinsurance - nonproportional assumed financial lines.....	XXX			0	0	0	0	0.0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0.0
35. TOTALS.....	1,202,606	0	0	1,202,606	24,176,435	29,039,660	(3,660,619)	(201.2)

DETAILS OF WRITE-INS

3401.				0	0	0	0	0.0
3402.				0	0	0	0	0.0
3403.				0	0	0	0	0.0
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	XXX
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8 Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	9 Net Unpaid Loss Adjustment Expenses
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excluding Incurred but not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire.....				0				0	
2. Allied lines.....				0				0	
3. Farmowners multiple peril.....				0				0	
4. Homeowners multiple peril.....				0				0	
5. Commercial multiple peril.....				0				0	
6. Mortgage guaranty.....				0				0	
8. Ocean marine.....				0				0	
9. Inland marine.....				0				0	
10. Financial guaranty.....				0				0	
11.1 Medical professional liability - occurrence.....	6,874,935			6,874,935	12,540,192			19,415,127	7,231,013
11.2 Medical professional liability - claims-made.....	2,335,000			2,335,000	2,035,612			4,370,612	1,406,664
12. Earthquake.....				0				0	
13. Group accident and health.....				0				0	(a)
14. Credit accident and health (group and individual).....				0				0	
15. Other accident and health.....				0				0	(a)
16. Workers' compensation.....				0				0	
17.1 Other liability - occurrence.....	152,660			152,660	238,036			390,696	265,843
17.2 Other liability - claims-made.....				0				0	
17.3 Excess workers' compensation.....				0				0	
18.1 Products liability - occurrence.....				0				0	
18.2 Products liability - claims-made.....				0				0	
19.1, 19.2 Private passenger auto liability.....				0				0	
19.3, 19.4 Commercial auto liability.....				0				0	
21. Auto physical damage.....				0				0	
22. Aircraft (all perils).....				0				0	
23. Fidelity.....				0				0	
24. Surety.....				0				0	
26. Burglary and theft.....				0				0	
27. Boiler and machinery.....				0				0	
28. Credit.....				0				0	
29. International.....				0				0	
30. Warranty.....				0				0	
31. Reinsurance - nonproportional assumed property.....	XXX			0	XXX			0	
32. Reinsurance - nonproportional assumed liability.....	XXX			0	XXX			0	
33. Reinsurance - nonproportional assumed financial lines.....	XXX			0	XXX			0	
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0
35. TOTALS.....	9,362,595	0	0	9,362,595	14,813,840	0	0	24,176,435	8,903,520
DETAILS OF WRITE-INS									
3401.				0				0	
3402.				0				0	
3403.				0				0	
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct.....	(738,795)			(738,795)
1.2 Reinsurance assumed.....				0
1.3 Reinsurance ceded.....				0
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3).....	(738,795)	0	0	(738,795)
2. Commission and brokerage:				
2.1 Direct, excluding contingent.....		64,852		64,852
2.2 Reinsurance assumed, excluding contingent.....				0
2.3 Reinsurance ceded, excluding contingent.....				0
2.4 Contingent - direct.....				0
2.5 Contingent - reinsurance assumed.....				0
2.6 Contingent - reinsurance ceded.....				0
2.7 Policy and membership fees.....				0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7).....	0	64,852	0	64,852
3. Allowances to manager and agents.....				0
4. Advertising.....				0
5. Boards, bureaus and associations.....				0
6. Surveys and underwriting reports.....				0
7. Audit of assureds' records.....				0
8. Salary and related items:				
8.1 Salaries.....		829,140		829,140
8.2 Payroll taxes.....		58,657		58,657
9. Employee relations and welfare.....		10,634		10,634
10. Insurance.....		73,064		73,064
11. Directors' fees.....		2,975		2,975
12. Travel and travel items.....		26,401		26,401
13. Rent and rent items.....		77,966		77,966
14. Equipment.....		22,654		22,654
15. Cost or depreciation of EDP equipment and software.....				0
16. Printing and stationery.....		11,832		11,832
17. Postage, telephone and telegraph, exchange and express.....		13,996		13,996
18. Legal and auditing.....		247,822		247,822
19. Totals (Lines 3 to 18).....	0	1,375,141	0	1,375,141
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$.....0.....		42,219		42,219
20.2 Insurance department licenses and fees.....		46,521		46,521
20.3 Gross guaranty association assessments.....				0
20.4 All other (excluding federal and foreign income and real estate).....				0
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4).....	0	88,740	0	88,740
21. Real estate expenses.....				0
22. Real estate taxes.....				0
23. Reimbursements by uninsured plans.....				0
24. Aggregate write-ins for miscellaneous expenses.....	0	73,448	183,448	256,896
25. Total expenses incurred.....	(738,795)	1,602,181	183,448	(a) 1,046,834
26. Less unpaid expenses - current year.....	8,903,520	183,417	67,989	9,154,926
27. Add unpaid expenses - prior year.....	10,219,757	177,810	66,493	10,464,060
28. Amounts receivable relating to uninsured plans, prior year.....				0
29. Amounts receivable relating to uninsured plans, current year.....				0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29).....	577,442	1,596,574	181,952	2,355,968

DETAILS OF WRITE-INS

2401. Investment expenses.....			183,448	183,448
2402. Interest/LOC expense.....		1,889		1,889
2403. Charitable contributions.....		12,020		12,020
2498. Summary of remaining write-ins for Line 24 from overflow page.....	0	59,539	0	59,539
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above).....	0	73,448	183,448	256,896

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

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....508,168	.....506,865
1.1 Bonds exempt from U.S. tax.....	(a).....732,962	.....634,043
1.2 Other bonds (unaffiliated).....	(a).....2,448,210	.....2,460,482
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....16,197	.....15,960
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....1,392,329	.....1,449,466
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....5,097,867	.....5,066,816
11. Investment expenses.....	.....	(g).....183,448
12. Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g).....
13. Interest expense.....	.....	(h).....
14. Depreciation on real estate and other invested assets.....	.....	(i).....0
15. Aggregate write-ins for deductions from investment income.....	.....	.....0
16. Total deductions (Lines 11 through 15).....	.....	.....183,448
17. Net investment income (Line 10 minus Line 16).....	.....	.....4,883,368

DETAILS OF WRITE-INS

0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page.....		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....		0

- (a) Includes \$.....25,444 accrual of discount less \$.....409,536 amortization of premium and less \$.....42,118 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....3,454 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	(5,594)	.....	(5,594)	.....	.....
1.1 Bonds exempt from U.S. tax.....	4,490	.....	4,490	.....	.....
1.2 Other bonds (unaffiliated).....	(34,614)	.....	(34,614)	.....	.....
1.3 Bonds of affiliates.....	.....	.....	0	.....	.....
2.1 Preferred stocks (unaffiliated).....	.....	.....	0	.....	.....
2.11 Preferred stocks of affiliates.....	.....	.....	0	.....	.....
2.2 Common stocks (unaffiliated).....	.....	.....	0	.....	.....
2.21 Common stocks of affiliates.....	.....	.....	0	.....	.....
3. Mortgage loans.....	.....	.....	0	.....	.....
4. Real estate.....	.....	.....	0	.....	.....
5. Contract loans.....	.....	.....	0	.....	.....
6. Cash, cash equivalents and short-term investments.....	.....	.....	0	.....	.....
7. Derivative instruments.....	.....	.....	0	.....	.....
8. Other invested assets.....	.....	.....	0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	2,261,584	0	2,261,584	(3,473,967)	0
10. Total capital gains (losses).....	2,225,866	0	2,225,866	(3,473,967)	0

DETAILS OF WRITE-INS

0901. Stabilization Reserve Fund.....	2,261,584		2,261,584	(3,473,967)	
0902.			0		
0903.			0		
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	2,261,584	0	2,261,584	(3,473,967)	0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			.0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			.0
2.2 Common stocks.....			.0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			.0
3.2 Other than first liens.....			.0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			.0
4.2 Properties held for the production of income.....			.0
4.3 Properties held for sale.....			.0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			.0
6. Contract loans.....			.0
7. Derivatives (Schedule DB).....			.0
8. Other invested assets (Schedule BA).....			.0
9. Receivables for securities.....			.0
10. Securities lending reinvested collateral assets (Schedule DL).....			.0
11. Aggregate write-ins for invested assets.....	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	.0	.0	.0
13. Title plants (for Title insurers only).....			.0
14. Investment income due and accrued.....			.0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....			.0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			.0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			.0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			.0
16.2 Funds held by or deposited with reinsured companies.....			.0
16.3 Other amounts receivable under reinsurance contracts.....			.0
17. Amounts receivable relating to uninsured plans.....			.0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			.0
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
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0
23. Receivables from parent, subsidiaries and affiliates.....			.0
24. Health care and other amounts receivable.....			.0
25. Aggregate write-ins for other-than-invested assets.....	.0	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	.0	.0	.0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0
28. TOTALS (Lines 26 and 27).....	.0	.0	.0

NONE

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
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	.0	.0	.0
2501. ....			.0
2502. ....			.0
2503. ....			.0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	.0	.0	.0

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

Medical Malpractice Joint Underwriting Association of Rhode Island ("the MMJUA") is a joint underwriting association created by the state of Rhode Island. The MMJUA was originally created in accordance with RI Gen. Law 42-35-3 by the adoption of Regulation 230-RICR-20-10-1 (formerly Insurance Regulation 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 Regulation 230-RICR-20-10-1. It was the intent of the Department that the MMJUA 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 MMJUA was created to provide medical malpractice insurance for physicians, hospitals and other health care providers, on a self-supporting basis.

The MMJUA 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 MMJUA is also authorized to underwrite incidental coverage's for any health care provider that is also covered by the MMJUA's medical malpractice, with limits of \$1,000,000 per incident and \$1,000,000 aggregate under a one year policy. Additionally, the MMJUA 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 230-RICR-20-10-1. 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 #	2018	2017
NET INCOME					
(1) Medical Malpractice Joint Underwriting MMJUA of Rhode Island state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 8,975,151	\$ 8,792,926
(2) State Prescribed Practices that increase/decrease NAIC SAP					
(3) State Permitted Practices that increase/decrease NAIC SAP					
(4) NAIC SAP (1 - 2 - 3 = 4)	XXX	XXX	XXX	\$ 8,975,151	\$ 8,792,926
SURPLUS					
(5) Medical Malpractice Joint Underwriting MMJUA of Rhode Island state basis (Page 3, line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 114,523,825	\$ 108,267,032
(6) State Prescribed Practices that increase/decrease NAIC SAP					
(7) State Permitted Practices that increase/decrease NAIC SAP					
(8) NAIC SAP (5 - 6 - 7 = 8)	XXX	XXX	XXX	\$ 114,523,825	\$ 108,267,032

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

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

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

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

C. Accounting Policies

The Company uses the following accounting policies:

1. Short-term investments are stated at amortized cost.
2. Bonds generally are stated at amortized cost, except for bonds that are rated by the NAIC as a class 3 - 6 which are reported at the lower of amortized cost or fair market value. Amortization is calculated using the scientific constant yield to worst method.
3. The MMJUA holds no investments in common stocks.
4. The MMJUA holds no investments in preferred stocks.

NOTES TO FINANCIAL STATEMENTS

5. The MMJUA 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 MMJUA has no subsidiaries.
8. The MMJUA holds no interest in joint ventures or partnerships.
9. The MMJUA does not invest in derivative instruments.
10. The MMJUA 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 MMJUA plus claims incurred but not yet reported and the related estimated loss adjustment expenses. In establishing this reserve, the MMJUA 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 MMJUA does not have a capitalization policy.
13. Not applicable as the MMJUA does not write major medical insurance with prescription drug coverage.

C. Going Concern

None

Note 2 - Accounting Changes and Corrections of Errors

A. The company did not have any accounting changes in the prior or current year.

Note 3 - Business Combinations and Goodwill

Not applicable

Note 4 - Discontinued Operations

Not applicable

Note 5 - Investments

- A. Not applicable
- B. Not applicable
- C. Not applicable
- D. Not applicable
- E. Not applicable
- F. Not applicable
- G. Not applicable
- H. Not applicable
- I. Not applicable
- J. Not applicable
- K. Not applicable
- L. Not applicable
- M. Not applicable
- N. Not applicable
- O. Not applicable
- P. 5GI Securities

Investment	Number of 5GI Securities		Aggregate BACV		Aggregate Fair Value	
	Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year
(1) Bonds - AC	1		\$281,374		\$284,581	
(2) Bonds - FV						
(3) LB & SS - AC						
(4) LB & SS - FV						
(5) Preferred Stock - AC						
(6) Preferred Stock - FV						
(7) Total (1+2+3+4+5+6)	1		\$281,374		\$284,581	

NOTES TO FINANCIAL STATEMENTS

- Q. Not applicable
R. Prepayment Penalty and Acceleration Fees

	General Account	Protected Cell
(1) Number of CUSIPs	1	
(2) Aggregate Amount of Investment Income	\$29,493	

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

Note 7 - Investment Income

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

Note 8 - Derivative Instruments

Not applicable

Note 9 - Income Taxes

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

1. DTA/DTL Components

	<u>12/31/18</u>			<u>12/31/17</u>			<u>Change</u>		
(a) Gross deferred tax assets	660,502	0	660,502	627,908	0	627,908	32,594	0	32,594
(b) Statutory valuation allowance adjustments	0	0	0	0	0	0	0	0	0
(c) Adjusted gross deferred tax assets	660,502	0	660,502	627,908	0	627,908	32,594	0	32,594
(d) Deferred tax assets non-admitted	0	0	0	0	0	0	0	0	0
(e) Subtotal net admitted deferred tax asset	660,502	0	660,502	627,908	0	627,908	32,594	0	32,594
(f) Deferred tax liabilities	25,624	562,198	587,822	19,106	1,291,731	1,310,837	6,518	(729,533)	(723,015)
(g) Net admitted deferred tax asset/(net deferred tax liability)	634,878	(562,198)	72,680	608,802	(1,291,731)	(682,929)	26,076	729,533	755,609

2. Admission Calculation Components

	<u>12/31/18</u>			<u>12/31/17</u>			<u>Change</u>		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Admission Calculation Components Under paragraphs 11.a., 11.b., and 11.c.									
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	386,107	0	386,107	229,369	0	229,369	156,738	0	156,738
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above after application of the threshold limitation. (the lesser of 2(b) 1 and 2(b) 2 below)	88,822	0	88,822	207,002	0	207,002	(118,180)	0	(118,180)
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date	88,822	0	88,822	207,002	0	207,002	(118,180)	0	(118,180)
2. Adjusted gross deferred tax assets allowed per limitation threshold	xxx	xxx	17,167,672	xxx	xxx	16,342,494	xxx	xxx	825,178
(c) Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	185,573	0	185,573	191,537	0	191,537	(5,964)	0	(5,964)
(d) Deferred tax assets admitted as the result of application of SSAP No. 101.	660,502	0	660,502	627,908	0	627,908	32,594	0	32,594

3. Threshold used in 11.b.

	<u>2018</u>	<u>2017</u>
(a) Ratio percentage used to determine recovery period and threshold limitation amount	1194%	1315%
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above.	114,523,825	108,267,032

4. Impact of tax planning strategies

	<u>12/31/18</u>			<u>12/31/17</u>			<u>Change</u>		
	Ordinary %	Capital %	Total %	Ordinary %	Capital %	Total %	Ordinary %	Capital %	Total %
(a) Adjusted gross DTAs - (% of total adjusted gross DTAs)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(b) Net admitted DTAs - (% of total net admitted adjusted gross DTAs)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(c) Does the Company's tax-planning strategies include the use of reinsurance?	Yes			No	X				

- B. In 2018 and 2017 there were no temporary differences for which a deferred tax liability was not established.

NOTES TO FINANCIAL STATEMENTS

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

	<u>12/31/18</u>	<u>12/31/17</u>	<u>Change</u>
1. Current Income Tax			
(a) Federal	1,596,150	2,716,696	(1,120,546)
(b) Foreign	0	(622)	622
(c) Subtotal	<u>1,596,150</u>	<u>2,716,074</u>	<u>(1,119,924)</u>
(d) Federal income tax on net capital gains	467,432	712,643	(245,211)
(e) Utilization of capital loss carry-forwards	0	0	0
(f) Other	167,900	(26,802)	194,702
(g) Federal and foreign income taxes incurred	<u>2,231,482</u>	<u>3,401,915</u>	<u>(1,170,433)</u>
2. Deferred Tax Assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	573,707	543,693	30,014
(2) Unearned premium reserves	86,795	84,215	2,580
(3) Policyholder reserves	0	0	0
(4) Investments	0	0	0
(5) Deferred acquisition costs	0	0	0
(6) Policyholder dividends accrual	0	0	0
(7) Fixed assets	0	0	0
(8) Compensation and benefits accrual	0	0	0
(9) Pension accrual	0	0	0
(10) Receivables - nonadmitted	0	0	0
(11) Net operating loss carry-forward	0	0	0
(12) Tax credit carry-forward	0	0	0
(13) Other assets - nonadmitted	0	0	0
(14) Other	0	0	0
Subtotal	<u>660,502</u>	<u>627,908</u>	<u>32,594</u>
(b) Statutory valuation allowance adjustment	0	0	0
(c) Nonadmitted	0	0	0
(d) Admitted ordinary deferred tax assets	<u>660,502</u>	<u>627,908</u>	<u>32,594</u>
(e) Capital:			
(1) Investments	0	0	0
(2) Real estate	0	0	0
(3) Other	0	0	0
Subtotal	<u>0</u>	<u>0</u>	<u>0</u>
(f) Statutory valuation allowance adjustment	0	0	0
(g) Nonadmitted	0	0	0
(h) Admitted capital deferred tax assets	<u>0</u>	<u>0</u>	<u>0</u>
(i) Admitted deferred tax assets	<u>660,502</u>	<u>627,908</u>	<u>32,594</u>
3. Deferred Tax Liabilities			
(a) Ordinary			
(1) Investments	0	0	0
(2) Fixed assets	0	0	0
(3) Deferred and uncollected premium	0	0	0
(4) Policyholder reserves	0	0	0
(5) Market discount on bonds	25,136	17,897	7,240
(6) Other - Accrued dividends	488	1,209	(722)
Subtotal	<u>25,624</u>	<u>19,106</u>	<u>6,518</u>
(b) Capital			
(1) Investments	562,198	1,291,731	(729,533)
(2) Real estate	0	0	0
(3) Other	0	0	0
Subtotal	<u>562,198</u>	<u>1,291,731</u>	<u>(729,533)</u>
(c) Deferred tax liabilities	<u>587,822</u>	<u>1,310,837</u>	<u>(723,015)</u>
4. Net deferred tax assets/(liabilities)	<u>72,680</u>	<u>(682,929)</u>	<u>755,609</u>

NOTES TO FINANCIAL STATEMENTS

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

	<u>12/31/18</u>	<u>Effective Tax Rate</u>
Provision computed at statutory rate	2,353,393	21.00%
Tax exempt interest	(210,347)	-1.88%
Travel & entertainment	0	0.00%
Tax Exempt Expenses	13,187	.12%
Dividends received deduction	(15,043)	-.13%
Proration	53,051	.47%
Foreign Taxes	0	0.00%
Expense (Benefit) due to enactment of tax reform	0	0.00%
Prior year/other	11,165	0.10%
Total	<u>2,205,406</u>	<u>19.68%</u>
Federal and foreign income taxes incurred	1,764,051	15.74%
Realized capital gains (losses) tax	467,432	4.17%
Expense (Benefit) due to enactment of tax reform	0	0.00%
Change in net deferred income taxes	(26,076)	-.23%
Total statutory income taxes	<u>2,205,406</u>	<u>19.68%</u>

E. Carryforwards, recoverable taxes, and IRC Sec. 6603 deposits:

- The Company does not have any carryforwards as of 12/31/18.
- The following are federal income taxes incurred in the current and prior years that will be available for recoupment in the event of future losses:

	<u>Ordinary</u>	<u>Capital</u>	<u>Total</u>
12/31/18 (current year)	\$ 1,726,809	\$ 467,432	\$ 2,194,241
12/31/17 (1st preceding year)	\$ 2,655,958	\$ 712,643	\$ 3,368,601
12/31/16 (2nd preceding year)	N/A	\$ 302,025	\$ 312,025

- The Company has not made any deposits regarding the suspension of running interest (protective deposits) pursuant to Internal Revenue Code Section 6603.

F. The Company does not file as part of a consolidated return and is not a party to any tax sharing agreement.

G. The company has no federal or foreign tax loss contingencies as determined in accordance with SSAP No. 5R, Liabilities, Contingencies and Impairments of Assets, with the modifications provided in SSAP No. 101, Income Taxes – A Replacement of SSAP No. 10R and SSAP No. 10, for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

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

Note 10 - Information Concerning Parent, Subsidiaries and Affiliates

Not applicable

Note 11 - Debt

Not applicable

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

Not applicable

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

Not applicable

Note 14 - Contingencies

- Not applicable
- Not applicable
- Not applicable
- The MMJUA 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 MMJUA 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

NOTES TO FINANCIAL STATEMENTS

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 MMJUA will be liable for 60.4% of this annuity value. The MMJUA obtained quotes on purchasing a replacement annuity with qualified assignment and release, however, in evaluating the cost of such an annuity, the MMJUA determined that it was financially prudent to retain the liability at this time and consider looking at alternatives in the future. During 2013, the MMJUA 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
- G. 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 MMJUA 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 2018 equal \$1,924,998. 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.

There were no assets measured at fair value at December 31, 2018.

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

NOTES TO FINANCIAL STATEMENTS

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	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Financial Instruments - assets							
Bonds	90,069,186	88,938,221	-	90,069,186	-	-	-
Cash, cash equivalents and short-term investments	1,573,645	1,573,645	1,573,645	-	-	-	-
Other invested assets	59,197,121	59,089,912	7,596,803	51,600,318	-	-	-
Total assets	150,839,952	149,601,778	9,170,448	141,669,504	-	-	-

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

Not applicable

Note 21 - Other Items

A. Extraordinary items

Not applicable

B. Troubled debt restructuring for debtors

Not applicable

C. Other disclosures

Not applicable

D. Uncollectable premiums receivable

Not applicable

E. Business interruption insurance recoveries

Not applicable

F. State transferable and non-transferrable tax credits

Not applicable

G. Subprime mortgage related risk exposure

Not applicable

Note 22 - Events Subsequent

Not applicable

Note 23 - Reinsurance

A. Unsecured Reinsurance Recoverables

Not applicable

NOTES TO FINANCIAL STATEMENTS

B. Reinsurance Recoverable in Dispute

Not applicable

C. Reinsurance Assumed and Ceded

Not applicable

D. Uncollectable Reinsurance

Not applicable

E. Commutation of Ceded Reinsurance

Not applicable

F. Retroactive Reinsurance

For the policy periods beginning April 1, 2018 and 2017 the MMJUA entered into three catastrophic reinsurance contracts. A "Form D Prior Notice of Transaction" was filed with the State of Rhode Island Insurance Department to meet the regulatory filing requirements given under R.I. Gen. Laws section 27-35-4(b)(3).

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

There were three reinsurance contracts for the term April 1, 2018 through April 1, 2019. The premium of the reinsurance contracts is \$670,000. Contract details are:

Contract Number	Consideration	Layer
PH1605440	\$290,000	1,000,000 to 5,000,000
PH1605441	\$190,000	5,000,000 to 10,000,000
PH1605442	\$190,000	10,000,000 to 20,000,000
Total	\$670,000	

There were three reinsurance contracts for the term April 1, 2017 through April 1, 2018. The premium of the reinsurance contracts is \$670,000. Contract details are:

Contract Number	Consideration	Layer
PH1605440	\$290,000	1,000,000 to 5,000,000
PH1605441	\$190,000	5,000,000 to 10,000,000
PH1605442	\$190,000	10,000,000 to 20,000,000
Total	\$670,000	

Participation details are as follows:

<u>ID Number</u>	<u>Name of Reinsurer</u>	<u>Domiciliary Jurisdiction</u>
AA-1126623	Lloyd'S Syndicate Number 623	GBR
AA-1128623	Lloyd'S Syndicate Number 2623	GBR
AA-1120084	Lloyd'S Syndicate Number 1955	GBR
AA-1127414	Lloyd'S Syndicate Number 1414	GBR
AA-1126006	Lloyd'S Syndicate Number 4472	GBR
AA-1128987	Lloyd'S Syndicate Number 2987	GBR
AA-1120098	Lloyd'S Syndicate Number 3624	GBR
AA-1120158	Lloyd'S Syndicate Number 2014	GBR
AA-0051778	Aspen Re CO Ltd.	TCA
AA-1780104	Ironshore Europe Ltd	IRL
86-0528184	Nautilus Insurance Company	AZ

G. Reinsurance Accounted for as a Deposit

Not applicable

H. Run-off Agreements

Not applicable

NOTES TO FINANCIAL STATEMENTS

I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not applicable

J. Reinsurance Agreement Qualifying for Reinsurer Aggregation

Not applicable

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

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

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

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

Note 25 - Changes in Incurred Losses and Loss Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses

There was favorable development of \$7.4 million attributable to insured events of prior years. The reason for the favorable change relates to claims settling for less than originally expected.

B. Information about Significant Changes in Methodologies and Assumptions

No significant change

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

Losses & LAE (000's omitted)	12/31/2018	12/31/2017
Unpaid losses and LAE at beginning of year	39,259	48,625
Losses and LAE incurred in current year:	(4,399)	(5,542)
Income Statement amounts	(4,399)	(5,542)
Losses and LAE paid in current year:	(1,780)	(3,824)
Underwriting exhibits paid amounts	(1,780)	(3,824)
Unpaid losses and LAE at end of period	33,080	39,259

Note 26 - Intercompany Pooling Arrangements

Not applicable

NOTES TO FINANCIAL STATEMENTS**Note 27 - Structured Settlements**

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

B.

Life Insurance Company and Location	Licensed in Company's State of Domicile	Statement Value (i.e., Present Value of Annuities)
Cigna Financial, Delaware	NO	\$1,826,969
First Colony, New York	NO	2,543,096
Aurora National Life, California	YES	4,129,387
Colonial Penn, Pennsylvania	YES	127,457
AXA Equitable, New York	NO	788,106
Executive Life Insurance of NY (as liquidated), New York	YES	2,802,772
Total		\$12,217,787

There were no other changes to purchased annuities.

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 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No [X]
If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A [X]
- 1.3 State regulating? Yes [] No [X]
- 1.4 Is the reporting entity publicly traded or a member of publicly traded group? Yes [] No [X]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. _____
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change: _____
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2015
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 01/18/2017
- 3.4 By what department or departments?
State of Rhode Island Department of Business Regulation, Insurance Division
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes [X] No [] N/A []
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes [] No [X]
- 4.12 renewals? Yes [] No [X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes [] No [X]
- 4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
If the answer is YES, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the 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 |
|---------------------|------------------------------|---------------------------|
| | | |
- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]
- 7.2 If yes,
- 7.21 State the percentage of foreign control _____ %
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).
- | 1
Nationality | 2
Type of Entity |
|------------------|---------------------|
| | |
- 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 locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.
- | 1
Affiliate Name | 2
Location (City, State) | 3
FRB | 4
OCC | 5
FDIC | 6
SEC |
|---------------------|-----------------------------|----------|----------|-----------|----------|
| | | | | | |
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Crowe LLP, 175 Powder Forest Drive, Simsbury, CT 06089
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Craig Brophy, FCAS, MAAA, Milliman, 289 Edgewater Drive, Wakefield, MA 01880-6215
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved 0
- 12.13 Total book/adjusted carrying value \$ 0

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

BOARD OF DIRECTORS

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

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$ 0
- 20.12 To stockholders not officers \$ 0
- 20.13 Trustees, supreme or grand (Fraternal only) \$ 0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$ 0
- 20.22 To stockholders not officers 0
- 20.23 Trustees, supreme or grand (Fraternal only) 0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$ 0
- 21.22 Borrowed from others \$ 0
- 21.23 Leased from others \$ 0
- 21.24 Other \$ 0
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$ 0
- 22.22 Amount paid as expenses \$ 0
- 22.23 Other amounts paid \$ 0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)? Yes [X] No []

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- 24.02 If no, give full and complete information, relating thereto:
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the *Risk-Based Capital Instructions*? Yes [] No [] N/A [X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ 0
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs \$ 0
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0
- 24.103 Total payable for securities lending reported on the liability page: \$ 0
- 25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.) Yes [] No [X]
- 25.2 If yes, state the amount thereof at December 31 of the current year:
- 25.21 Subject to repurchase agreements \$ 0
- 25.22 Subject to reverse repurchase agreements \$ 0
- 25.23 Subject to dollar repurchase agreements \$ 0
- 25.24 Subject to reverse dollar repurchase agreements \$ 0
- 25.25 Placed under option agreements \$ 0
- 25.26 Letter stock or securities restricted as sale – excluding FHLB Capital Stock \$ 0
- 25.27 FHLB Capital Stock \$ 0
- 25.28 On deposit with states \$ 0
- 25.29 On deposit with other regulatory bodies \$ 0
- 25.30 Pledged as collateral – excluding collateral pledged to an FHLB \$ 0
- 25.31 Pledged as collateral to FHLB – including assets backing funding agreements \$ 0
- 25.32 Other \$ 0
- 25.3 For category (25.26) provide the following:
- | 1
Nature of Restriction | 2
Description | 3
Amount |
|----------------------------|------------------|-------------|
| | | \$ |
- 26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]
- 26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.
- 27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]
- 27.2 If yes, state the amount thereof at December 31 of the current year: \$ 0
28. 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 []
- 28.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:
- | 1
Name of Custodian(s) | 2
Custodian's Address |
|------------------------------|-------------------------------------|
| The Washington Trust Company | 23 Broad Street, Westerly, RI 02891 |
- 28.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation
- | 1
Name(s) | 2
Location(s) | 3
Complete Explanation(s) |
|--------------|------------------|------------------------------|
| | | |
- 28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]
- 28.04 If yes, give full and complete information relating thereto:
- | 1
Old Custodian | 2
New Custodian | 3
Date of Change | 4
Reason |
|--------------------|--------------------|---------------------|-------------|
| | | | |
- 28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. 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 |
- 28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? Yes [X] No []
- 28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [X] No []
- 28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

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

29.2 If yes, complete the following schedule:

1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
		\$
29.2999 TOTAL		\$

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

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

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

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	\$ 88,938,221	\$ 90,069,186	\$ 1,130,965
30.2	Preferred Stocks	\$ 0	\$ 0	\$ 0
30.3	Totals	\$ 88,938,221	\$ 90,069,186	\$ 1,130,965

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

Statement values of bonds and preferred stock have been determined in accordance with the guidelines of the NAIC. Fair Value is primarily determined by a widely accepted third party vendor, followed by a hierarchy using broker/dealer quotes, Bloomberg, Yield Book analytic model and a benchmark to index model.

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

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

32.2 If no, list exceptions:

33. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designation 5GI security:
 a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 b. Issuer or obligor is current on all contracted interest and principal payments.
 c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

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

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
 a. The security was purchased prior to January 1, 2018.
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes [] No [X]

OTHER

35.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 0

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

1 Name	2 Amount Paid
	\$

36.1 Amount of payments for legal expenses, if any? \$ 46,246

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

1 Name	2 Amount Paid
Hanson Curran LLP	\$ 46,246

37.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ 0

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

1 Name	2 Amount Paid
	\$

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?		Yes []	No [X]
1.2	If yes, indicate premium earned on U.S. business only.	\$		0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$		0
1.31	Reason for excluding:			
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$		0
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$		0
1.6	Individual policies:			
	Most current three years:			
1.61	Total premium earned	\$		0
1.62	Total incurred claims	\$		0
1.63	Number of covered lives			0
	All years prior to most current three years:			
1.64	Total premium earned	\$		0
1.65	Total incurred claims	\$		0
1.66	Number of covered lives			0
1.7	Group policies:			
	Most current three years:			
1.71	Total premium earned	\$		0
1.72	Total incurred claims	\$		0
1.73	Number of covered lives			0
	All years prior to most current three years:			
1.74	Total premium earned	\$		0
1.75	Total incurred claims	\$		0
1.76	Number of covered lives			0
2.	Health Test:			
		1	2	
		Current Year	Prior Year	
2.1	Premium Numerator	\$ 0	\$ 0	
2.2	Premium Denominator	\$ 1,819,475	\$ 1,776,389	
2.3	Premium Ratio (2.1/2.2)	0.0%	0.0%	
2.4	Reserve Numerator	\$ 0	\$ 0	
2.5	Reserve Denominator	\$ 35,072,152	\$ 41,146,091	
2.6	Reserve Ratio (2.4/2.5)	0.0%	0.0%	
3.1	Does the reporting entity issue both participating and non-participating policies?		Yes []	No [X]
3.2	If yes, state the amount of calendar year premiums written on:			
3.21	Participating policies		\$	0
3.22	Non-participating policies		\$	0
4.	FOR MUTUAL REPORTING ENTITIES AND RECIPROCAL EXCHANGES ONLY:			
4.1	Does the reporting entity issue assessable policies?		Yes []	No []
4.2	Does the reporting entity issue non-assessable policies?		Yes []	No []
4.3	If assessable policies are issued, what is the extent of the contingent liability of the policyholders?			%
4.4	Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums.		\$	0
5.	FOR RECIPROCAL EXCHANGES ONLY:			
5.1	Does the exchange appoint local agents?		Yes []	No []
5.2	If yes, is the commission paid:			
5.21	Out of Attorney's-in-fact compensation		Yes []	No []
5.22	As a direct expense of the exchange		Yes []	No []
5.3	What expenses of the exchange are not paid out of the compensation of the Attorney-in-fact?			
5.4	Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred?		Yes []	No [X]
5.5	If yes, give full information:			
6.1	What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss? <u>N/A</u>			
6.2	Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process: <u>An actuarial analysis performed by Milliman, which is based on an analysis of historical data.</u>			
6.3	What provision has this reporting entity made (such as catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss? <u>The MMJUA entered into three catastrophic reinsurance contracts to cover losses from litigated court rulings in excess of the original policy limits.</u>			
6.4	Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?		Yes [X]	No []
6.5	If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss:			
7.1	Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?		Yes []	No [X]
7.2	If yes, indicate the number of reinsurance contracts containing such provisions.			0
7.3	If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?		Yes []	No []

GENERAL INTERROGATORIES**PART 2 – PROPERTY & CASUALTY INTERROGATORIES**

8.1	Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
8.2	If yes, give full information		
9.1	Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results: (a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term; (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer; (c) Aggregate stop loss reinsurance coverage; (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party; (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
9.2	Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where: (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
9.3	If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9: (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income; (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.		
9.4	Except for transactions meeting the requirements of paragraph 31 of <i>SSAP No. 62R, Property and Casualty Reinsurance</i> , has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either: (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
9.5	If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.		
9.6	The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria: (a) The entity does not utilize reinsurance; or, (b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or (c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
10.	If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
11.1	Has the reporting entity guaranteed policies issued by any other entity and now in force?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
11.2	If yes, give full information		
12.1	If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the assets schedule, Page 2, state the amount of corresponding liabilities recorded for: 12.11 Unpaid losses 12.12 Unpaid underwriting expenses (including loss adjustment expenses)	\$	0
		\$	0
12.2	Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds?	\$	0
12.3	If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
12.4	If yes, provide the range of interest rates charged under such notes during the period covered by this statement: 12.41 From 12.42 To		% %
12.5	Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
12.6	If yes, state the amount thereof at December 31 of current year: 12.61 Letters of Credit 12.62 Collateral and other funds	\$	0
		\$	0
13.1	Largest net aggregate amount insured in any one risk (excluding workers' compensation):	\$	3,000,000
13.2	Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
13.3	State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount.		0
14.1	Is the reporting entity a cedant in a multiple cedant reinsurance contract?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
14.2	If yes, please describe the method of allocating and recording reinsurance among the cedants:		

GENERAL INTERROGATORIES**PART 2 – PROPERTY & CASUALTY INTERROGATORIES**

- 14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? Yes [] No []
- 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? Yes [] No []
- 14.5 If the answer to 14.4 is no, please explain:

- 15.1 Has the reporting entity guaranteed any financed premium accounts? Yes [] No [X]
- 15.2 If yes, give full information

- 16.1 Does the reporting entity write any warranty business? Yes [] No [X]

If yes, disclose the following information for each of the following types of warranty coverage:

	1	2	3	4	5
	Direct Losses Incurred	Direct Losses Unpaid	Direct Written Premium	Direct Premium Unearned	Direct Premium Earned
16.11 Home	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
16.12 Products	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
16.13 Automobile	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
16.14 Other*	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

* Disclose type of coverage:

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

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

17.11 Gross amount of unauthorized reinsurance in Schedule F-Part 3 exempt from the statutory provision for unauthorized reinsurance	\$ 0
17.12 Unfunded portion of Interrogatory 17.11	\$ 0
17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11	\$ 0
17.14 Case reserves portion of Interrogatory 17.11	\$ 0
17.15 Incurred but not reported portion of Interrogatory 17.11	\$ 0
17.16 Unearned premium portion of Interrogatory 17.11	\$ 0
17.17 Contingent commission portion of Interrogatory 17.11	\$ 0

- 18.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 18.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0
- 18.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 18.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ 0
19. Is the reporting entity licensed or chartered, registered, qualified, eligible, or writing business in at least 2 states? Yes [] No [X]
- 19.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No [X]

FIVE-YEAR HISTORICAL DATA

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

	1 2018	2 2017	3 2016	4 2015	5 2014
Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	1,924,998	1,729,929	1,991,221	2,678,005	2,716,518
2. Property lines (Lines 1, 2, 9, 12, 21 & 26).....					
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....					
5. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
6. Total (Line 35).....	1,924,998	1,729,929	1,991,221	2,678,005	2,716,518
Net Premiums Written (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	1,924,998	1,729,929	1,991,221	2,678,005	2,716,518
8. Property lines (Lines 1, 2, 9, 12, 21 & 26).....					
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....					
11. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
12. Total (Line 35).....	1,924,998	1,729,929	1,991,221	2,678,005	2,716,518
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8).....	4,616,708	5,774,116	2,309,777	(2,009,608)	504,416
14. Net investment gain (loss) (Line 11).....	6,641,802	6,227,313	5,615,384	5,239,330	5,634,792
15. Total other income (Line 15).....	(519,309)	(519,231)	(546,244)	(541,284)	(531,269)
16. Dividends to policyholders (Line 17).....					
17. Federal and foreign income taxes incurred (Line 19).....	1,764,050	2,689,272	1,597,132	279,129	950,656
18. Net income (Line 20).....	8,975,151	8,792,926	5,781,785	2,409,309	4,657,283
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3).....	151,080,446	152,324,671	152,755,668	151,922,959	150,886,854
20. Premiums and considerations (Page 2, Col. 3):					
20.1 In course of collection (Line 15.1).....	(67,097)	24,812	112,533	167,059	191,613
20.2 Deferred and not yet due (Line 15.2).....	126,188	134,064	177,457	245,046	333,235
20.3 Accrued retrospective premiums (Line 15.3).....					
21. Total liabilities excluding protected cell business (Page 3, Line 26).....	36,556,621	44,057,639	54,313,542	59,122,707	59,854,081
22. Losses (Page 3, Line 1).....	24,176,435	29,039,660	36,529,393	41,778,035	42,587,411
23. Loss adjustment expenses (Page 3, Line 3).....	8,903,520	10,219,757	12,095,686	12,955,778	12,714,916
24. Unearned premiums (Page 3, Line 9).....	1,992,197	1,886,674	1,933,134	2,279,956	2,352,936
25. Capital paid up (Page 3, Lines 30 & 31).....					
26. Surplus as regards policyholders (Page 3, Line 37).....	114,523,825	108,267,032	98,442,126	92,800,252	91,032,773
Cash Flow (Page 5)					
27. Net cash from operations (Line 11).....	474,072	(3,038,599)	1,450,253	1,280,304	(3,420,126)
Risk-Based Capital Analysis					
28. Total adjusted capital.....	114,523,825	108,267,032	98,442,126	92,800,252	91,032,773
29. Authorized control level risk-based capital.....	9,590,587	8,233,200	9,393,650	8,115,184	9,118,125
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1).....	59.4	59.6	61.6	63.1	63.6
31. Stocks (Lines 2.1 & 2.2).....					
32. Mortgage loans on real estate (Lines 3.1 & 3.2).....					
33. Real estate (Lines 4.1, 4.2 & 4.3).....					
34. Cash, cash equivalents and short-term investments (Line 5).....	1.1	0.9	1.9	1.3	1.2
35. Contract loans (Line 6).....					
36. Derivatives (Line 7).....					
37. Other invested assets (Line 8).....	39.5	39.5	36.5	35.6	35.1
38. Receivables for securities (Line 9).....	0.0				
39. Securities lending reinvested collateral assets (Line 10).....					
40. Aggregate write-ins for invested assets (Line 11).....					
41. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0
Investments in Parent, Subsidiaries and Affiliates					
42. Affiliated bonds (Sch. D, Summary, Line 12, Col. 1).....					
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1).....					
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1).....					
45. Affiliated short-term investments (subtotals included in Schedule DA, Verification, Column 5, Line 10).....					
46. Affiliated mortgage loans on real estate.....					
47. All other affiliated.....					
48. Total of above lines 42 to 47.....	0	0	0	0	0
49. Total investment in parent included in Lines 42 to 47 above.....					
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0).....	0.0				

FIVE-YEAR HISTORICAL DATA

(Continued)

	1	2	3	4	5
	2018	2017	2016	2015	2014
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24).....	(2,744,434)	1,768,820	191,888	(522,849)	208,058
52. Dividends to stockholders (Line 35).....					
53. Change in surplus as regards policyholders for the year (Line 38).....	6,256,793	9,824,906	5,641,874	1,767,478	4,510,989
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	1,202,606	2,870,592	3,387,940	2,443,990	5,175,456
55. Property lines (Lines 1, 2, 9, 12, 21 & 26).....					
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....					
58. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
59. Total (Line 35).....	1,202,606	2,870,592	3,387,940	2,443,990	5,175,456
Net Losses Paid (Page 9, Part 2, Col. 4)					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	1,202,606	2,870,592	3,387,940	2,443,990	5,175,456
61. Property lines (Lines 1, 2, 9, 12, 21 & 26).....					
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....					
64. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
65. Total (Line 35).....	1,202,606	2,870,592	3,387,940	2,443,990	5,175,456
Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1).....	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2).....	(201.2)	(260.0)	(79.6)	59.4	30.8
68. Loss expenses incurred (Line 3).....	(40.6)	(51.9)	8.5	44.3	(19.2)
69. Other underwriting expenses incurred (Line 4).....	88.1	86.9	72.3	69.4	70.5
70. Net underwriting gain (loss) (Line 8).....	253.7	325.0	98.8	(73.1)	17.9
Other Percentages					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0).....	110.2	119.3	112.4	91.5	92.8
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0).....	(241.8)	(312.0)	(71.1)	103.7	11.6
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35, divided by Page 3, Line 37, Col. 1 x 100.0).....	1.7	1.6	2.0	2.9	3.0
One Year Loss Development (\$000 omitted)					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11).....	(7,371)	(8,548)	(7,487)	(3,655)	(6,324)
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year-end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100).....	(6.8)	(8.7)	(8.1)	(4.0)	(7.3)
Two Year Loss Development (\$000 omitted)					
76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12).....	(15,595)	(15,618)	(11,455)	(10,239)	(9,175)
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior-year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0).....	(15.8)	(16.8)	(12.6)	(11.8)	(10.9)

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

Yes [] No []

If no, please explain:

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P - PART 1 - SUMMARY

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	46		23		15			84	XXX
2. 2009.....	5,764		5,764	1,987		1,415		604			4,006	XXX
3. 2010.....	5,477		5,477	3,818		1,048		445			5,311	XXX
4. 2011.....	3,534		3,534	4,007		679		373			5,059	XXX
5. 2012.....	3,233		3,233	2,511		790		354			3,655	XXX
6. 2013.....	3,143		3,143	1,510		558		420			2,488	XXX
7. 2014.....	2,822		2,822	1,358		280		353			1,991	XXX
8. 2015.....	2,751		2,751	951		472		429			1,852	XXX
9. 2016.....	2,338		2,338	50		281		264			595	XXX
10. 2017.....	1,776		1,776			28		108			136	XXX
11. 2018.....	1,819		1,819			37		123			160	XXX
12. Totals.....	XXX	XXX	XXX	16,238	0	5,611	0	3,488	0	0	25,337	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	4,600		388		104		47		294		5,433	XXX	
2. 2009.....	50		323		10		11		40		434	XXX	
3. 2010.....	30		337		10		372		81		830	XXX	
4. 2011.....	450		757		128		164		131		1,630	XXX	
5. 2012.....	350		784		76		390		151		1,751	XXX	
6. 2013.....	500		1,325		123		575		242		2,765	XXX	
7. 2014.....	1,100		1,752		66		631		323		3,872	XXX	
8. 2015.....	1,545		2,076		404		656		402		5,083	XXX	
9. 2016.....	530		2,784		159		725		423		4,621	XXX	
10. 2017.....	75		2,025		68		648		301		3,117	XXX	
11. 2018.....	133		2,262		138		675		336		3,544	XXX	
12. Totals.....	9,363	0	14,813	0	1,286	0	4,894	0	2,724	0	33,080	XXX	

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	XXX	XXX	XXX	XXX	XXX	XXX			XXX	4,988	445
2. 2009.	4,440	0	4,440	77.0	0.0	77.0				373	61
3. 2010.	6,141	0	6,141	112.1	0.0	112.1				367	463
4. 2011.	6,689	0	6,689	189.3	0.0	189.3				1,207	423
5. 2012.	5,406	0	5,406	167.2	0.0	167.2				1,134	617
6. 2013.	5,253	0	5,253	167.1	0.0	167.1				1,825	940
7. 2014.	5,863	0	5,863	207.8	0.0	207.8				2,852	1,020
8. 2015.	6,935	0	6,935	252.1	0.0	252.1				3,621	1,462
9. 2016.	5,216	0	5,216	223.1	0.0	223.1				3,314	1,307
10. 2017.	3,253	0	3,253	183.2	0.0	183.2				2,100	1,017
11. 2018.	3,704	0	3,704	203.6	0.0	203.6				2,395	1,149
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	24,176	8,904

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

SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	One Year	Two Year
1. Prior.....	67,752	60,196	55,569	49,414	48,911	45,323	43,210	40,841	39,436	39,188	(248)	(1,653)
2. 2009.....	10,414	11,313	9,590	9,580	9,201	7,248	6,111	5,001	4,277	3,796	(481)	(1,205)
3. 2010.....	XXX	12,587	10,683	11,869	10,065	10,097	9,825	7,649	6,113	5,615	(498)	(2,034)
4. 2011.....	XXX	XXX	8,620	9,962	9,943	9,253	9,705	8,121	7,331	6,185	(1,146)	(1,936)
5. 2012.....	XXX	XXX	XXX	8,109	8,154	7,838	6,983	6,503	5,639	4,901	(738)	(1,602)
6. 2013.....	XXX	XXX	XXX	XXX	7,615	7,806	7,816	7,274	5,913	4,591	(1,322)	(2,683)
7. 2014.....	XXX	XXX	XXX	XXX	XXX	7,067	7,327	7,788	6,287	5,187	(1,100)	(2,601)
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	6,394	6,707	6,757	6,104	(653)	(603)
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,807	5,390	4,529	(861)	(1,278)
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,168	2,844	(324)	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,245	XXX	XXX
12. Totals.....											(7,371)	(15,595)

SCHEDULE P - PART 3 - SUMMARY

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018		
1. Prior.....	000	7,694	18,991	27,941	31,367	33,314	33,600	33,692	33,980	34,049	XXX	XXX
2. 2009.....	41	140	346	797	2,329	2,721	2,960	3,015	3,200	3,402	XXX	XXX
3. 2010.....	XXX	19	442	1,143	1,406	2,562	2,785	3,639	4,843	4,866	XXX	XXX
4. 2011.....	XXX	XXX	19	408	880	3,086	3,225	4,208	4,314	4,686	XXX	XXX
5. 2012.....	XXX	XXX	XXX	98	208	460	853	2,778	3,001	3,301	XXX	XXX
6. 2013.....	XXX	XXX	XXX	XXX	47	188	1,186	1,331	2,006	2,068	XXX	XXX
7. 2014.....	XXX	XXX	XXX	XXX	XXX	22	1,098	1,172	1,257	1,638	XXX	XXX
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	71	295	1,143	1,423	XXX	XXX
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	92	291	331	XXX	XXX
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	28	XXX	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	37	XXX	XXX

SCHEDULE P - PART 4 - SUMMARY

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior.....	43,564	26,935	17,741	11,587	7,336	4,944	3,236	1,732	808	435
2. 2009.....	8,658	8,886	6,878	5,851	4,626	3,177	2,054	1,149	664	334
3. 2010.....	XXX	10,799	8,599	7,768	5,096	4,440	4,051	2,731	1,193	709
4. 2011.....	XXX	XXX	7,938	7,664	5,692	4,612	3,937	2,360	1,571	921
5. 2012.....	XXX	XXX	XXX	6,567	6,280	5,270	3,767	2,502	1,766	1,174
6. 2013.....	XXX	XXX	XXX	XXX	6,233	6,174	5,326	4,337	3,337	1,900
7. 2014.....	XXX	XXX	XXX	XXX	XXX	6,299	5,704	5,194	3,386	2,383
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	4,989	4,745	4,028	2,732
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,815	4,414	3,509
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,082	2,673
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,937

Medical Malpractice Joint Underwriting Association of Rhode Island

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	1 Active Status (a)	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges not Included in Premiums	9 Direct Premiums Written for Federal Purchasing Groups (Incl. in Col. 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama.....AL	N								
2. Alaska.....AK	N								
3. Arizona.....AZ	N								
4. Arkansas.....AR	N								
5. California.....CA	N								
6. Colorado.....CO	N								
7. Connecticut.....CT	N								
8. Delaware.....DE	N								
9. District of Columbia.....DC	N								
10. Florida.....FL	N								
11. Georgia.....GA	N								
12. Hawaii.....HI	N								
13. Idaho.....ID	N								
14. Illinois.....IL	N								
15. Indiana.....IN	N								
16. Iowa.....IA	N								
17. Kansas.....KS	N								
18. Kentucky.....KY	N								
19. Louisiana.....LA	N								
20. Maine.....ME	N								
21. Maryland.....MD	N								
22. Massachusetts.....MA	N								
23. Michigan.....MI	N								
24. Minnesota.....MN	N								
25. Mississippi.....MS	N								
26. Missouri.....MO	N								
27. Montana.....MT	N								
28. Nebraska.....NE	N								
29. Nevada.....NV	N								
30. New Hampshire.....NH	N								
31. New Jersey.....NJ	N								
32. New Mexico.....NM	N								
33. New York.....NY	N								
34. North Carolina.....NC	N								
35. North Dakota.....ND	N								
36. Ohio.....OH	N								
37. Oklahoma.....OK	N								
38. Oregon.....OR	N								
39. Pennsylvania.....PA	N								
40. Rhode Island.....RI	L	1,924,998	1,819,475		1,202,606	(3,660,619)	24,176,435		
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	0	0
59. Totals.....	XXX	1,924,998	1,819,475	0	1,202,606	(3,660,619)	24,176,435	0	0

DETAILS OF WRITE-INS

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

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

All premiums are written in Rhode Island.

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....	1
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - See DSLI).....	0
D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile.....	0

R - Registered - Non-domiciled RRGs.....	0
Q - Qualified - Qualified or accredited reinsurer.....	0
N - None of the above - Not allowed to write business in the state.....	56

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

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