



ANNUAL STATEMENT

For the Year Ended December 31, 2019
of the Condition and Affairs of the

Medical Malpractice Joint Underwriting Association of Rhode Island

NAIC Group Code..... 0, 0 (Current Period) (Prior Period) NAIC Company Code..... 13101 Employer's ID Number..... 51-0140354

Organized under the Laws of RI State of Domicile or Port of Entry RI Country of Domicile US

Incorporated/Organized..... June 16, 1975 Commenced Business..... July 1, 1975

Statutory Home Office One Turks Head Place .. Providence .. RI .. 02903 (Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office One Turks Head Place .. Providence .. RI .. 02903 (Street and Number) (City or Town, State, Country and Zip Code) 401-369-8240 (Area Code) (Telephone Number)

Mail Address One Turks Head Place .. Providence .. RI .. 02903 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records One Turks Head Place .. Providence .. RI .. 02903 (Street and Number) (City or Town, State, Country and Zip Code) 401-369-8240 (Area Code) (Telephone Number)

Internet Web Site Address N/A

Statutory Statement Contact Jerilynn Leahy (Name) 401-369-8245 (Area Code) (Telephone Number) (Extension) jleahy@beechercarlson.com (E-Mail Address) 401-369-8241 (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Timothy Knapp	Vice Chair	2. Earl Cottam Jr. #	Chair
3. Jerilynn Leahy	Assistant Secretary	4. Lars Bo Kristiansen #	Secretary

OTHER

DIRECTORS OR TRUSTEES

Daniel Wright	James Pascalides DPM	Earl Cottam Jr.	Timothy Knapp
Don Baldini	Lars Bo Kristiansen #	Barbara M Cavicchio DDS	Newell Warde
Jennifer Morrison #	Virginia Burke #	Eric Payntor #	

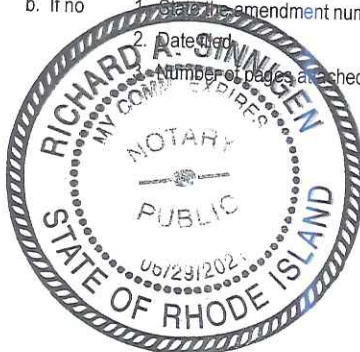
State of..... Rhode Island
County of..... Kent

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

(Signature) _____ Timothy Knapp 1. (Printed Name) Vice Chair (Title)	(Signature) _____ Earl Cottam Jr. 2. (Printed Name) Chair (Title)	(Signature) _____ Jerilynn Leahy 3. (Printed Name) Assistant Secretary (Title)
--	---	--

Subscribed and sworn to before me
This 14th day of February 2020

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



Richard A. Sinnigen
RICHARD A. SINNIGEN
ID # 25805
My term expires 6/29/21

Notary only applies to
Earl Cottam Jr.



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

OFFICERS

Name	Title	Name	Title
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OTHER

DIRECTORS OR TRUSTEES

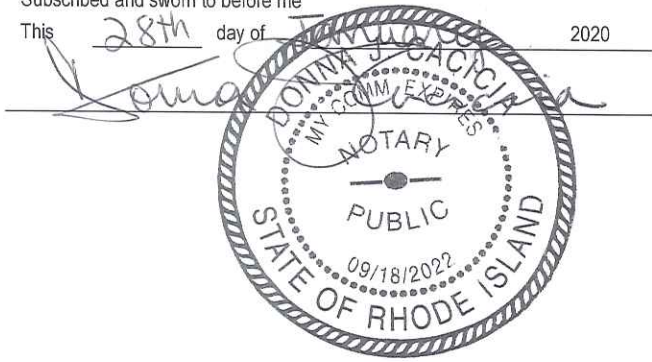
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State of..... Rhode Island
County of..... Providence

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

_____ (Signature) Timothy Knapp	_____ (Signature) Earl Cottam Jr.	 (Signature) Jerilynn Leahy
1. (Printed Name) Vice Chair	2. (Printed Name) Chair	3. (Printed Name) Assistant Secretary
_____ (Title)	_____ (Title)	_____ (Title)

Subscribed and sworn to before me
This 28th day of January 2020



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 _____

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....00 NAIC Company Code....13101

BUSINESS IN GRAND TOTAL DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....	1,447,832	1,552,720		1,792,513	1,735,933	(1,365,385)	20,684,421	760,976	(333,783)	4,870,945	44,233	64,831
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....	264,528	257,828		101,496	30,000	(42,528)	318,168	3,801	(97,964)	111,833	8,082	11,845
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....												
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
29. International.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	1,712,360	1,810,548	0	1,894,009	1,765,933	(1,407,913)	21,002,589	764,777	(431,747)	4,982,778	52,315	76,676

DETAILS OF WRITE-INS

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

(a) Finance and service charges not included in Lines 1 to 35 \$.....0.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code....00 NAIC Company Code....13101

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
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6. Mortgage guaranty.....												
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12. Earthquake.....												
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24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
29. International.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	1,712,360	1,810,548	0	1,894,009	1,765,933	(1,407,913)	21,002,589	764,777	(431,747)	4,982,778	52,315	76,676

DETAILS OF WRITE-INS

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

(a) Finance and service charges not included in Lines 1 to 35 \$.....0.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

**Sch. F - Pt. 1
NONE**

**Sch. F - Pt. 2
NONE**

**Sch. F - Pt. 3
NONE**

**Sch. F - Pt. 3
NONE**

**Sch. F - Pt. 3
NONE**

**Sch. F - Pt. 3
NONE**

**Sch. F - Pt. 3
NONE**

**Sch. F - Pt. 4 Issuing or Confirming Banks for Letters of Credit from Scfpt3
NONE**

**Sch. F - Pt. 5 Interrogatories for Sch. F Pt. 3
NONE**

SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	154,423,329		154,423,329
2. Premiums and considerations (Line 15).....	84,435		84,435
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....			0
4. Funds held by or deposited with reinsured companies (Line 16.2).....			0
5. Other assets.....	1,286,267		1,286,267
6. Net amount recoverable from reinsurers.....			0
7. Protected cell assets (Line 27).....			0
8. Totals (Line 28).....	155,794,031	0	155,794,031
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3).....	28,400,048		28,400,048
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	865,582		865,582
11. Unearned premiums (Line 9).....	1,894,009		1,894,009
12. Advance premiums (Line 10).....	84,764		84,764
13. Dividends declared and unpaid (Line 11.1 and 11.2).....			0
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12).....			0
15. Funds held by company under reinsurance treaties (Line 13).....			0
16. Amounts withheld or retained by company for account of others (Line 14).....	960,527		960,527
17. Provision for reinsurance (Line 16).....			0
18. Other liabilities.....	223,983		223,983
19. Total liabilities excluding protected cell business (Line 26).....	32,428,913	0	32,428,913
20. Protected cell liabilities (Line 27).....			0
21. Surplus as regards policyholders (Line 37).....	123,365,118	.XXX	123,365,118
22. Totals (Line 38).....	155,794,031	0	155,794,031

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements?..Yes [] No [X]

If yes, give full explanation:

Sch. H - Pt. 1
NONE

Sch. H - Pt. 2
NONE

Sch. H - Pt. 3
NONE

Sch. H - Pt. 4
NONE

Sch. H - Pt. 5
NONE

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

**Sch. P - Pt. 1B
NONE**

**Sch. P - Pt. 1C
NONE**

**Sch. P - Pt. 1D
NONE**

**Sch. P - Pt. 1E
NONE**

SCHEDULE P - PART 1F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

(\$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.....	736.....		104.....		12.....			852.....	XXX.....
2. 2010.....	2,754.....		2,754.....	230.....		288.....		224.....			742.....	39.....
3. 2011.....	2,301.....		2,301.....	2,819.....		493.....		235.....			3,547.....	42.....
4. 2012.....	2,264.....		2,264.....	991.....		476.....		239.....			1,706.....	44.....
5. 2013.....	2,140.....		2,140.....	1,310.....		515.....		272.....			2,097.....	42.....
6. 2014.....	2,023.....		2,023.....	1,300.....		159.....		209.....			1,668.....	30.....
7. 2015.....	1,815.....		1,815.....	197.....		356.....		271.....			824.....	38.....
8. 2016.....	1,489.....		1,489.....			84.....		175.....			259.....	23.....
9. 2017.....	1,046.....		1,046.....			45.....		52.....			97.....	8.....
10. 2018.....	994.....		994.....			1.....		64.....			65.....	10.....
11. 2019.....	860.....		860.....					27.....			27.....	5.....
12. Totals.....	XXX.....	XXX.....	XXX.....	7,583.....	0.....	2,521.....	0.....	1,780.....	0.....	0.....	11,884.....	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.....	4,079.....		443.....		45.....		38.....		293.....			4,898.....	7.....
2. 2010.....			164.....				4.....		20.....			188.....	
3. 2011.....	160.....		352.....		39.....		120.....		68.....			739.....	3.....
4. 2012.....	250.....		476.....				321.....		110.....			1,157.....	1.....
5. 2013.....	450.....		846.....		81.....		380.....		177.....			1,934.....	4.....
6. 2014.....	100.....		615.....		37.....		365.....		125.....			1,242.....	2.....
7. 2015.....	2,160.....		767.....		180.....		427.....		277.....			3,811.....	13.....
8. 2016.....	150.....		1,351.....		84.....		391.....		222.....			2,198.....	5.....
9. 2017.....	600.....		1,106.....		58.....		459.....		225.....			2,448.....	4.....
10. 2018.....	85.....		1,421.....		50.....		437.....		231.....			2,224.....	7.....
11. 2019.....	50.....		1,298.....		10.....		430.....		213.....			2,001.....	5.....
12. Totals.....	8,084.....	0.....	8,839.....	0.....	584.....	0.....	3,372.....	0.....	1,961.....	0.....	0.....	22,840.....	51.....

	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.....	4,522.....	376.....
2. 2010.....	930.....	0.....	930.....	33.8.....	0.0.....	33.8.....				164.....	24.....
3. 2011.....	4,286.....	0.....	4,286.....	186.3.....	0.0.....	186.3.....				512.....	227.....
4. 2012.....	2,863.....	0.....	2,863.....	126.5.....	0.0.....	126.5.....				726.....	431.....
5. 2013.....	4,031.....	0.....	4,031.....	188.4.....	0.0.....	188.4.....				1,296.....	638.....
6. 2014.....	2,910.....	0.....	2,910.....	143.8.....	0.0.....	143.8.....				715.....	527.....
7. 2015.....	4,635.....	0.....	4,635.....	255.4.....	0.0.....	255.4.....				2,927.....	884.....
8. 2016.....	2,457.....	0.....	2,457.....	165.0.....	0.0.....	165.0.....				1,501.....	697.....
9. 2017.....	2,545.....	0.....	2,545.....	243.3.....	0.0.....	243.3.....				1,706.....	742.....
10. 2018.....	2,289.....	0.....	2,289.....	230.3.....	0.0.....	230.3.....				1,506.....	718.....
11. 2019.....	2,028.....	0.....	2,028.....	235.8.....	0.0.....	235.8.....				1,348.....	653.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	16,923.....	5,917.....

SCHEDULE P - PART 1F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

(\$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.....			.63		.1			.64	XXX.....
2. 2010.....	1,781.....		1,781.....	3,588.....		.623		.186			4,397.....	.29
3. 2011.....	726.....		726.....	1,188.....		.181		.119			1,488.....	.13
4. 2012.....	541.....		541.....	1,350.....		.291		.102			1,743.....	.18
5. 2013.....	597.....		597.....	200.....		.79		.139			418.....	.28
6. 2014.....	481.....		481.....	1,000.....		.130		.144			1,274.....	.15
7. 2015.....	583.....		583.....	700.....		.397		.165			1,262.....	.22
8. 2016.....	583.....		583.....	50.....		.243		.141			434.....	.18
9. 2017.....	511.....		511.....			.22		.61			.83.....	.8
10. 2018.....	603.....		603.....			.79		.95			174.....	.14
11. 2019.....	693.....		693.....			.44		.54			.98.....	.10
12. Totals.....	XXX.....	XXX.....	XXX.....	8,076.....	.0	2,152.....	.0	1,207.....	.0	.0	11,435.....	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.....												.0	.1
2. 2010.....												.0	
3. 2011.....	100.....		.58.....		.7.....			.13.....				.178.....	.1
4. 2012.....												.0	
5. 2013.....												.0	
6. 2014.....			.105.....		.3.....		.20.....	.15.....				.143.....	.1
7. 2015.....	575.....		.168.....		.207.....		.22.....	.67.....				1,039.....	.5
8. 2016.....	350.....		.395.....		.28.....		.62.....	.76.....				.911.....	.5
9. 2017.....			.247.....		.10.....		.99.....	.42.....				.398.....	.3
10. 2018.....	300.....		.370.....		.65.....		.127.....	.80.....				.942.....	.6
11. 2019.....	605.....		.489.....		.158.....		.104.....	.118.....				1,474.....	.10
12. Totals.....	1,930.....	.0	1,832.....	.0	.478.....	.0	.434.....	.411.....	.0	.0	.0	5,085.....	.32

	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.....	.0	.0
2. 2010.	4,397.....	.0	4,397.....	246.9.....	.0.0	246.9.....				.0	.0
3. 2011.	1,666.....	.0	1,666.....	229.5.....	.0.0	229.5.....				.158.....	.20
4. 2012.	1,743.....	.0	1,743.....	322.2.....	.0.0	322.2.....				.0	.0
5. 2013.	418.....	.0	418.....	70.0.....	.0.0	70.0.....				.0	.0
6. 2014.	1,417.....	.0	1,417.....	294.6.....	.0.0	294.6.....				.105.....	.38
7. 2015.	2,301.....	.0	2,301.....	394.7.....	.0.0	394.7.....				.743.....	.296
8. 2016.	1,345.....	.0	1,345.....	230.7.....	.0.0	230.7.....				.745.....	.166
9. 2017.	481.....	.0	481.....	94.1.....	.0.0	94.1.....				.247.....	.151
10. 2018.	1,116.....	.0	1,116.....	185.1.....	.0.0	185.1.....				.670.....	.272
11. 2019.	1,572.....	.0	1,572.....	226.8.....	.0.0	226.8.....				1,094.....	.380
12. Totals	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.0	.0	XXX.....	3,762.....	1,323.....

**SCHEDULE P - PART 1G - SPECIAL LIABILITY
(OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								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		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX								0	XXX
2. 2010.....			0								0	XXX
3. 2011.....			0								0	XXX
4. 2012.....			0								0	XXX
5. 2013.....			0								0	XXX
6. 2014.....			0								0	XXX
7. 2015.....			0								0	XXX
8. 2016.....			0								0	XXX
9. 2017.....			0								0	XXX
10. 2018.....			0								0	XXX
11. 2019.....			0								0	XXX
12. Totals....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	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.....											0		
2. 2010.....											0		
3. 2011.....											0		
4. 2012.....											0		
5. 2013.....											0		
6. 2014.....											0		
7. 2015.....											0		
8. 2016.....											0		
9. 2017.....											0		
10. 2018.....											0		
11. 2019.....											0		
12. Totals....	0	0	0	0	0	0	0	0	0	0	0	0	

NONE

	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	0	0
2. 2010.	0	0	0	0.0	0.0	0.0				0	0
3. 2011.	0	0	0	0.0	0.0	0.0				0	0
4. 2012.	0	0	0	0.0	0.0	0.0				0	0
5. 2013.	0	0	0	0.0	0.0	0.0				0	0
6. 2014.	0	0	0	0.0	0.0	0.0				0	0
7. 2015.	0	0	0	0.0	0.0	0.0				0	0
8. 2016.	0	0	0	0.0	0.0	0.0				0	0
9. 2017.	0	0	0	0.0	0.0	0.0				0	0
10. 2018.	0	0	0	0.0	0.0	0.0				0	0
11. 2019.	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

(\$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.....						3.....		3.....	XXX.....
2. 2010.....	942.....		942.....	30.....		137.....			38.....		205.....	6.....
3. 2011.....	507.....		507.....			54.....			33.....		87.....	5.....
4. 2012.....	428.....		428.....	170.....		40.....			27.....		237.....	4.....
5. 2013.....	406.....		406.....			15.....			22.....		37.....	4.....
6. 2014.....	318.....		318.....	58.....					20.....		78.....	4.....
7. 2015.....	353.....		353.....	54.....		14.....			37.....		105.....	5.....
8. 2016.....	266.....		266.....								0.....	
9. 2017.....	219.....		219.....			4.....			25.....		29.....	4.....
10. 2018.....	222.....		222.....						19.....		19.....	3.....
11. 2019.....	258.....		258.....								0.....	
12. Totals.....	XXX.....	XXX.....	XXX.....	312.....	0.....	264.....	0.....		224.....	0.....	800.....	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.....												0.....	
2. 2010.....												0.....	
3. 2011.....												0.....	
4. 2012.....												0.....	
5. 2013.....												0.....	
6. 2014.....			4.....				2.....		1.....			7.....	
7. 2015.....			44.....				22.....		8.....			74.....	
8. 2016.....			18.....				9.....		3.....			30.....	
9. 2017.....	75.....		21.....				9.....		8.....			113.....	2.....
10. 2018.....	15.....		55.....				27.....		11.....			108.....	2.....
11. 2019.....			85.....				42.....		15.....			142.....	
12. Totals.....	90.....	0.....	227.....	0.....	0.....	0.....	111.....	0.....	46.....	0.....	0.....	474.....	4.....

	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.....	0.....	0.....
2. 2010.	205.....	0.....	205.....	21.8.....	0.0.....	21.8.....				0.....	0.....
3. 2011.	87.....	0.....	87.....	17.2.....	0.0.....	17.2.....				0.....	0.....
4. 2012.	237.....	0.....	237.....	55.4.....	0.0.....	55.4.....				0.....	0.....
5. 2013.	37.....	0.....	37.....	9.1.....	0.0.....	9.1.....				0.....	0.....
6. 2014.	85.....	0.....	85.....	26.7.....	0.0.....	26.7.....				4.....	3.....
7. 2015.	179.....	0.....	179.....	50.7.....	0.0.....	50.7.....				44.....	30.....
8. 2016.	30.....	0.....	30.....	11.3.....	0.0.....	11.3.....				18.....	12.....
9. 2017.	142.....	0.....	142.....	64.8.....	0.0.....	64.8.....				96.....	17.....
10. 2018.	127.....	0.....	127.....	57.2.....	0.0.....	57.2.....				70.....	38.....
11. 2019.	142.....	0.....	142.....	55.0.....	0.0.....	55.0.....				85.....	57.....
12. Totals	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	317.....	157.....

Sch. P - Pt. 1H - Sn. 2

NONE

Sch. P - Pt. 1I

NONE

Sch. P - Pt. 1J

NONE

Sch. P - Pt. 1K

NONE

Sch. P - Pt. 1L

NONE

Sch. P - Pt. 1M

NONE

Sch. P - Pt. 1N

NONE

Sch. P - Pt. 1O

NONE

Sch. P - Pt. 1P

NONE

Sch. P - Pt. 1R - Sn. 1

NONE

Sch. P - Pt. 1R - Sn. 2

NONE

Sch. P - Pt. 1S

NONE

Sch. P - Pt. 1T

NONE

Sch. P - Pt. 2A

NONE

Sch. P - Pt. 2B

NONE

Sch. P - Pt. 2C

NONE

Sch. P - Pt. 2D

NONE

Sch. P - Pt. 2E

NONE

SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	One Year	Two Year
1. Prior.....	47,268	40,673	37,058	36,242	32,345	28,719	25,769	23,495	22,852	22,910	58	(585)
2. 2010.....	7,802	6,616	6,277	4,784	4,282	3,860	2,620	1,683	1,205	686	(519)	(997)
3. 2011.....	XXX	6,507	8,129	8,732	7,979	7,296	6,260	5,505	4,597	3,983	(614)	(1,522)
4. 2012.....	XXX	XXX	5,959	6,014	5,724	5,343	4,742	3,747	3,047	2,514	(533)	(1,233)
5. 2013.....	XXX	XXX	XXX	5,490	5,773	6,103	5,951	5,012	4,232	3,582	(650)	(1,430)
6. 2014.....	XXX	XXX	XXX	XXX	5,490	5,916	5,540	4,580	3,692	2,576	(1,116)	(2,004)
7. 2015.....	XXX	XXX	XXX	XXX	XXX	4,509	4,488	4,400	3,847	4,087	240	(313)
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	3,683	3,596	3,025	2,060	(965)	(1,536)
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,351	2,197	2,268	71	(83)
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,112	1,994	(118)	XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,788	XXX	XXX
12. Totals											(4,146)	(9,703)

SCHEDULE P - PART 2F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior.....	15,259	15,605	13,620	13,689	12,054	11,773	11,288	11,308	11,385	11,352	(33)	44
2. 2010.....	4,027	3,595	5,252	5,177	5,696	5,705	4,779	4,211	4,211	4,211	0	0
3. 2011.....	XXX	1,741	1,499	1,050	1,057	2,104	1,571	1,538	1,534	1,534	0	(4)
4. 2012.....	XXX	XXX	1,925	1,966	2,000	1,624	1,755	1,665	1,644	1,641	(3)	(24)
5. 2013.....	XXX	XXX	XXX	1,933	1,865	1,553	1,184	845	344	279	(65)	(566)
6. 2014.....	XXX	XXX	XXX	XXX	1,378	1,244	2,122	1,615	1,422	1,258	(164)	(357)
7. 2015.....	XXX	XXX	XXX	XXX	XXX	1,542	1,883	2,052	2,000	2,069	69	17
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	1,984	1,655	1,435	1,128	(307)	(527)
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	705	546	378	(168)	(327)
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,016	941	(75)	XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,400	XXX	XXX
12. Totals											(746)	(1,744)

SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER & MACHINERY)

1. Prior.....											0	0
2. 2010.....											0	0
3. 2011.....	XXX										0	0
4. 2012.....	XXX	XXX									0	0
5. 2013.....	XXX	XXX	XXX								0	0
6. 2014.....	XXX	XXX	XXX	XXX							0	0
7. 2015.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											0	0

SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior.....	1,148	1,047	482	347	338	995	951	1,076	913	863	(50)	(213)
2. 2010.....	758	472	340	104	119	260	250	219	199	167	(32)	(52)
3. 2011.....	XXX	372	334	161	217	305	290	288	54	54	0	(234)
4. 2012.....	XXX	XXX	225	174	114	16	6	227	210	210	0	(17)
5. 2013.....	XXX	XXX	XXX	192	168	160	139	56	15	15	0	(41)
6. 2014.....	XXX	XXX	XXX	XXX	199	167	126	92	73	64	(9)	(28)
7. 2015.....	XXX	XXX	XXX	XXX	XXX	343	336	305	257	134	(123)	(171)
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	140	139	69	27	(42)	(112)
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	112	101	109	8	(3)
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	117	97	(20)	XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	127	XXX	XXX
12. Totals											(268)	(871)

SCHEDULE P - PART 2H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior.....											0	0
2. 2010.....											0	0
3. 2011.....	XXX										0	0
4. 2012.....	XXX	XXX									0	0
5. 2013.....	XXX	XXX	XXX								0	0
6. 2014.....	XXX	XXX	XXX	XXX							0	0
7. 2015.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											0	0

**Sch. P - Pt. 2I
NONE**

**Sch. P - Pt. 2J
NONE**

**Sch. P - Pt. 2K
NONE**

**Sch. P - Pt. 2L
NONE**

**Sch. P - Pt. 2M
NONE**

**Sch. P - Pt. 2N
NONE**

**Sch. P - Pt. 2O
NONE**

**Sch. P - Pt. 2P
NONE**

**Sch. P - Pt. 2R - Sn. 1
NONE**

**Sch. P - Pt. 2R - Sn. 2
NONE**

**Sch. P - Pt. 2S
NONE**

**Sch. P - Pt. 2T
NONE**

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

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

**Sch. P - Pt. 3C
NONE**

**Sch. P - Pt. 3D
NONE**

**Sch. P - Pt. 3E
NONE**

SCHEDULE P - PART 3F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019		
1. Prior.....	000.....	7,838.....	13,965.....	15,318.....	16,933.....	16,922.....	17,019.....	17,399.....	17,465.....	18,305.....	68.....	82.....
2. 2010.....	3.....	23.....	53.....	197.....	279.....	322.....	361.....	514.....	518.....	518.....	3.....	36.....
3. 2011.....	XXX.....	14.....	224.....	523.....	2,684.....	2,762.....	2,816.....	2,901.....	3,264.....	3,312.....	9.....	30.....
4. 2012.....	XXX.....	XXX.....	49.....	76.....	106.....	213.....	1,139.....	1,150.....	1,450.....	1,467.....	5.....	38.....
5. 2013.....	XXX.....	XXX.....	XXX.....	27.....	151.....	1,007.....	1,128.....	1,712.....	1,774.....	1,825.....	5.....	33.....
6. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	19.....	1,019.....	1,041.....	1,097.....	1,455.....	1,459.....	2.....	26.....
7. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	29.....	100.....	156.....	393.....	553.....	3.....	22.....
8. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	20.....	65.....	75.....	84.....	.....	18.....
9. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1.....	6.....	45.....	.....	4.....
10. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1.....	1.....	.....	3.....
11. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....

SCHEDULE P - PART 3F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior.....	000.....	3,486.....	6,666.....	10,210.....	10,934.....	11,109.....	11,141.....	11,215.....	11,289.....	11,352.....	35.....	25.....
2. 2010.....	16.....	419.....	1,090.....	1,207.....	2,275.....	2,397.....	3,194.....	4,211.....	4,211.....	4,211.....	9.....	20.....
3. 2011.....	XXX.....	5.....	184.....	357.....	390.....	434.....	1,350.....	1,365.....	1,368.....	1,369.....	4.....	8.....
4. 2012.....	XXX.....	XXX.....	49.....	131.....	353.....	639.....	1,638.....	1,641.....	1,641.....	1,641.....	3.....	15.....
5. 2013.....	XXX.....	XXX.....	XXX.....	20.....	37.....	176.....	189.....	279.....	279.....	279.....	2.....	26.....
6. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	3.....	21.....	73.....	102.....	125.....	1,130.....	1.....	13.....
7. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	42.....	141.....	926.....	962.....	1,097.....	1.....	16.....
8. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	72.....	226.....	256.....	293.....	1.....	12.....
9. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	11.....	22.....	22.....	.....	5.....
10. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	36.....	79.....	.....	8.....
11. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	44.....	.....	.....

SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior.....	000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
2. 2010.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
3. 2011.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
4. 2012.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
5. 2013.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
6. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
7. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
8. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	XXX.....	XXX.....
9. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	XXX.....	XXX.....
10. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	XXX.....	XXX.....
11. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	XXX.....	XXX.....

NONE

SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior.....	000.....	179.....	273.....	334.....	334.....	695.....	713.....	732.....	863.....	863.....	13.....	5.....
2. 2010.....	.....	.....	.....	2.....	8.....	66.....	84.....	118.....	137.....	167.....	1.....	5.....
3. 2011.....	XXX.....	.....	.....	.....	12.....	29.....	42.....	48.....	54.....	54.....	.....	5.....
4. 2012.....	XXX.....	XXX.....	.....	1.....	1.....	1.....	1.....	210.....	210.....	210.....	1.....	3.....
5. 2013.....	XXX.....	XXX.....	XXX.....	.....	.....	3.....	14.....	15.....	15.....	15.....	.....	4.....
6. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	58.....	58.....	58.....	58.....	58.....	1.....	3.....
7. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	54.....	61.....	68.....	68.....	2.....	3.....
8. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
9. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	4.....	.....	2.....
10. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	1.....
11. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....

SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior.....	000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2010.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2011.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2012.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2013.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....
8. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
9. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....
10. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....
11. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....

NONE

**Sch. P - Pt. 3I
NONE**

**Sch. P - Pt. 3J
NONE**

**Sch. P - Pt. 3K
NONE**

**Sch. P - Pt. 3L
NONE**

**Sch. P - Pt. 3M
NONE**

**Sch. P - Pt. 3N
NONE**

**Sch. P - Pt. 3O
NONE**

**Sch. P - Pt. 3P
NONE**

**Sch. P - Pt. 3R - Sn. 1
NONE**

**Sch. P - Pt. 3R - Sn. 2
NONE**

**Sch. P - Pt. 3S
NONE**

**Sch. P - Pt. 3T
NONE**

**Sch. P - Pt. 4A
NONE**

**Sch. P - Pt. 4B
NONE**

**Sch. P - Pt. 4C
NONE**

**Sch. P - Pt. 4D
NONE**

**Sch. P - Pt. 4E
NONE**

SCHEDULE P - PART 4F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	29,440	20,057	14,826	10,198	7,699	4,901	2,749	1,334	728	481
2. 2010.....	7,497	6,396	5,907	3,773	3,124	2,729	2,090	1,156	687	168
3. 2011.....	XXX	6,246	6,466	5,051	4,307	3,213	2,183	1,422	863	472
4. 2012.....	XXX	XXX	5,599	5,333	4,667	3,037	2,426	1,737	1,172	797
5. 2013.....	XXX	XXX	XXX	4,793	4,707	4,165	3,510	2,757	1,842	1,226
6. 2014.....	XXX	XXX	XXX	XXX	4,977	4,795	4,235	2,883	2,083	980
7. 2015.....	XXX	XXX	XXX	XXX	XXX	4,279	3,768	3,487	2,346	1,194
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	3,621	3,380	2,832	1,742
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,340	2,093	1,565
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,097	1,858
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,728

SCHEDULE P - PART 4F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior.....	5,910	4,270	2,488	1,751	418	278	45	37	39	
2. 2010.....	2,550	1,756	1,546	1,225	1,301	1,251	580			
3. 2011.....	XXX	1,326	864	480	263	619	87	61	58	58
4. 2012.....	XXX	XXX	848	874	490	715	71	23	2	
5. 2013.....	XXX	XXX	XXX	1,299	1,349	1,101	788	539	58	
6. 2014.....	XXX	XXX	XXX	XXX	1,223	800	891	469	285	125
7. 2015.....	XXX	XXX	XXX	XXX	XXX	567	795	414	308	190
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	1,054	895	608	457
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	659	504	346
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	746	497
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	593

SCHEDULE P - PART 4G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior.....										
2. 2010.....										
3. 2011.....	XXX									
4. 2012.....	XXX	XXX								
5. 2013.....	XXX	XXX	XXX							
6. 2014.....	XXX	XXX	XXX	XXX						
7. 2015.....	XXX	XXX	XXX	XXX	XXX					
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior.....	471	292	124	13	4	111	87	101	2	
2. 2010.....	752	447	315	98	15	71	61	37	22	
3. 2011.....	XXX	366	334	161	42	105	90	88		
4. 2012.....	XXX	XXX	120	73	113	15	5	6		
5. 2013.....	XXX	XXX	XXX	141	118	60	39	41		
6. 2014.....	XXX	XXX	XXX	XXX	99	109	68	34	15	6
7. 2015.....	XXX	XXX	XXX	XXX	XXX	143	182	127	78	66
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	140	139	69	27
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	83	76	30
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	94	82
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	127

SCHEDULE P - PART 4H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior.....										
2. 2010.....										
3. 2011.....	XXX									
4. 2012.....	XXX	XXX								
5. 2013.....	XXX	XXX	XXX							
6. 2014.....	XXX	XXX	XXX	XXX						
7. 2015.....	XXX	XXX	XXX	XXX	XXX					
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

**Sch. P - Pt. 4I
NONE**

**Sch. P - Pt. 4J
NONE**

**Sch. P - Pt. 4K
NONE**

**Sch. P - Pt. 4L
NONE**

**Sch. P - Pt. 4M
NONE**

**Sch. P - Pt. 4N
NONE**

**Sch. P - Pt. 4O
NONE**

**Sch. P - Pt. 4P
NONE**

**Sch. P - Pt. 4R - Sn. 1
NONE**

**Sch. P - Pt. 4R - Sn. 2
NONE**

**Sch. P - Pt. 4S
NONE**

**Sch. P - Pt. 4T
NONE**

**Sch. P - Pt. 5A - Sn. 1
NONE**

**Sch. P - Pt. 5A - Sn. 2
NONE**

**Sch. P - Pt. 5A - Sn. 3
NONE**

**Sch. P - Pt. 5B - Sn. 1
NONE**

**Sch. P - Pt. 5B - Sn. 2
NONE**

**Sch. P - Pt. 5B - Sn. 3
NONE**

Sch. P - Pt. 5C - Sn. 1
NONE

Sch. P - Pt. 5C - Sn. 2
NONE

Sch. P - Pt. 5C - Sn. 3
NONE

Sch. P - Pt. 5D - Sn. 1
NONE

Sch. P - Pt. 5D - Sn. 2
NONE

Sch. P - Pt. 5D - Sn. 3
NONE

Sch. P - Pt. 5E - Sn. 1
NONE

Sch. P - Pt. 5E - Sn. 2
NONE

Sch. P - Pt. 5E - Sn. 3
NONE

SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019
1. Prior.....	22	16	29	8	7	1	2	2	2	1
2. 2010.....		1	1	2	2	2	2	2	3	3
3. 2011.....	XXX		1	2	5	6	6	6	6	9
4. 2012.....	XXX	XXX	1	1	1	1	1	3	3	5
5. 2013.....	XXX	XXX	XXX		1	2	3	5	5	5
6. 2014.....	XXX	XXX	XXX	XXX					2	2
7. 2015.....	XXX	XXX	XXX	XXX	XXX			2	2	3
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019
1. Prior.....	111	79	60	39	28	20	15	10	6	7
2. 2010.....	17	6	8	7	5	4	1	1		
3. 2011.....	XXX	13	11	13	11	8	7	6	6	3
4. 2012.....	XXX	XXX	19	8	10	15	12	8	5	1
5. 2013.....	XXX	XXX	XXX	30	25	14	13	9	7	4
6. 2014.....	XXX	XXX	XXX	XXX	25	12	9	10	6	2
7. 2015.....	XXX	XXX	XXX	XXX	XXX	24	18	18	17	13
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	13	16	12	5
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	2	4
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	7
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019
1. Prior.....	29	13	10	8	5	(3)	2		1	1
2. 2010.....	23	29	35	38	39	39	39	39	39	39
3. 2011.....	XXX	18	30	37	41	42	42	42	42	42
4. 2012.....	XXX	XXX	31	38	39	45	45	44	44	44
5. 2013.....	XXX	XXX	XXX	32	35	38	41	41	42	42
6. 2014.....	XXX	XXX	XXX	XXX	25	28	29	30	30	30
7. 2015.....	XXX	XXX	XXX	XXX	XXX	25	29	35	38	38
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	14	20	21	23
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	5	8
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	10
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5

SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019
1. Prior.....	.6	.5	.14	.6	.5	.2	.2	.1		
2. 2010.....		.3	.5	.5	.6	.7	.7	.8	.9	.9
3. 2011.....	XXX		.2	.3	.3	.3	.3	.4	.4	.4
4. 2012.....	XXX	XXX				.2	.2	.3	.3	.3
5. 2013.....	XXX	XXX	XXX				.1	.1	.2	.2
6. 2014.....	XXX	XXX	XXX	XXX						.1
7. 2015.....	XXX	XXX	XXX	XXX	XXX				.1	.1
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX		.1	.1	.1
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019
1. Prior.....	.57	.37	.23	.13	.7	.5	.3	.1	.1	.1
2. 2010.....	.24	.10	.6	.5	.3	.2	.2	.1		
3. 2011.....	XXX	.14	.4	.2	.2	.2	.2	.1	.1	.1
4. 2012.....	XXX	XXX	.13	.9	.6	.3	.3	.2	.1	
5. 2013.....	XXX	XXX	XXX	.20	.10	.5	.3	.2	.1	
6. 2014.....	XXX	XXX	XXX	XXX	.14	.9	.8	.4	.4	.1
7. 2015.....	XXX	XXX	XXX	XXX	XXX	.22	.14	.14	.11	.5
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	.16	.13	.11	.5
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.8	.7	.3
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.13	.6
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.10

SECTION 3B

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019
1. Prior.....	.2	(2)					(1)			
2. 2010.....	.29	.30	.30	.30	.30	.29	.29	.29	.29	.29
3. 2011.....	XXX	.15	.13	.13	.13	.13	.13	.13	.13	.13
4. 2012.....	XXX	XXX	.17	.18	.18	.18	.18	.18	.18	.18
5. 2013.....	XXX	XXX	XXX	.28	.28	.28	.28	.28	.28	.28
6. 2014.....	XXX	XXX	XXX	XXX	.15	.15	.15	.15	.15	.15
7. 2015.....	XXX	XXX	XXX	XXX	XXX	.22	.22	.22	.22	.22
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	.17	.18	.18	.18
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.8	.9	.8
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.13	.14
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.10

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019
1. Prior.....	(5)	13	3	1		1			1	1
2. 2010.....										1
3. 2011.....	XXX									
4. 2012.....	XXX	XXX							1	1
5. 2013.....	XXX	XXX	XXX							
6. 2014.....	XXX	XXX	XXX	XXX		1	1	1	1	1
7. 2015.....	XXX	XXX	XXX	XXX	XXX		1	2	2	2
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019
1. Prior.....	11	7	1			2	2	2	1	
2. 2010.....	2	1	1	1	1	2	2	1	1	
3. 2011.....	XXX	3			1	1	1	1		
4. 2012.....	XXX	XXX	2	1				1		
5. 2013.....	XXX	XXX	XXX	4	3	1	1			
6. 2014.....	XXX	XXX	XXX	XXX	4					
7. 2015.....	XXX	XXX	XXX	XXX	XXX	5	3	1	1	
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	1	2
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	2
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019
1. Prior.....	2		1			4		1		
2. 2010.....	2	2	2	4	5	6	6	6	6	6
3. 2011.....	XXX	4	4	4	5	5	5	5	5	5
4. 2012.....	XXX	XXX	2	2	3	3	3	4	4	4
5. 2013.....	XXX	XXX	XXX	4	4	4	4	4	4	4
6. 2014.....	XXX	XXX	XXX	XXX	4	4	4	4	4	4
7. 2015.....	XXX	XXX	XXX	XXX	XXX	5	5	5	5	5
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	3	4
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	3
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**Sch. P - Pt. 5H - Sn. 1B
NONE**

**Sch. P - Pt. 5H - Sn. 2B
NONE**

**Sch. P - Pt. 5H - Sn. 3B
NONE**

**Sch. P - Pt. 5R - Sn. 1A
NONE**

**Sch. P - Pt. 5R - Sn. 2A
NONE**

**Sch. P - Pt. 5R - Sn. 3A
NONE**

**Sch. P - Pt. 5R - Sn. 1B
NONE**

**Sch. P - Pt. 5R - Sn. 2B
NONE**

**Sch. P - Pt. 5R - Sn. 3B
NONE**

**Sch. P - Pt. 5T - Sn. 1
NONE**

**Sch. P - Pt. 5T - Sn. 2
NONE**

**Sch. P - Pt. 5T - Sn. 3
NONE**

**Sch. P - Pt. 6C - Sn. 1
NONE**

**Sch. P - Pt. 6C - Sn. 2
NONE**

**Sch. P - Pt. 6D - Sn. 1
NONE**

**Sch. P - Pt. 6D - Sn. 2
NONE**

SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned	
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019		
1. Prior.....											0	
2. 2010.....											0	
3. 2011.....	XXX										0	
4. 2012.....	XXX	XXX									0	
5. 2013.....	XXX	XXX	XXX								0	
6. 2014.....	XXX	XXX	XXX	XXX							0	
7. 2015.....	XXX	XXX	XXX	XXX	XXX						0	
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					0	
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0	
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
13. Earned Prems.(P-Pt 1)											XXX	

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned	
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019		
1. Prior.....											0	
2. 2010.....											0	
3. 2011.....	XXX										0	
4. 2012.....	XXX	XXX									0	
5. 2013.....	XXX	XXX	XXX								0	
6. 2014.....	XXX	XXX	XXX	XXX							0	
7. 2015.....	XXX	XXX	XXX	XXX	XXX						0	
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					0	
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0	
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
13. Earned Prems.(P-Pt 1)											XXX	

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned	
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019		
1. Prior.....											0	
2. 2010.....	942	942	942	942	942	942	942	942	942	942	942	
3. 2011.....	XXX	507	507	507	507	507	507	507	507	507	507	
4. 2012.....	XXX	XXX	428	428	428	428	428	428	428	428	428	
5. 2013.....	XXX	XXX	XXX	406	406	406	406	406	406	406	406	
6. 2014.....	XXX	XXX	XXX	XXX	318	318	318	318	318	318	318	
7. 2015.....	XXX	XXX	XXX	XXX	XXX	353	353	353	353	353	353	
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	266	266	266	266	266	
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	219	219	219	219	
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	222	222	222	
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	258	258	
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	258	
13. Earned Prems.(P-Pt 1)	942	507	428	406	318	353	266	219	222	258	XXX	

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned	
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019		
1. Prior.....											0	
2. 2010.....											0	
3. 2011.....	XXX										0	
4. 2012.....	XXX	XXX									0	
5. 2013.....	XXX	XXX	XXX								0	
6. 2014.....	XXX	XXX	XXX	XXX							0	
7. 2015.....	XXX	XXX	XXX	XXX	XXX						0	
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					0	
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0	
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
13. Earned Prems.(P-Pt 1)											XXX	

**Sch. P - Pt. 6H - Sn. 1B
NONE**

**Sch. P - Pt. 6H - Sn. 2B
NONE**

**Sch. P - Pt. 6M - Sn. 1
NONE**

**Sch. P - Pt. 6M - Sn. 2
NONE**

**Sch. P - Pt. 6N - Sn. 1
NONE**

**Sch. P - Pt. 6N - Sn. 2
NONE**

**Sch. P - Pt. 6O - Sn. 1
NONE**

**Sch. P - Pt. 6O - Sn. 2
NONE**

**Sch. P - Pt. 6R - Sn. 1A
NONE**

**Sch. P - Pt. 6R - Sn. 2A
NONE**

**Sch. P - Pt. 6R - Sn. 1B
NONE**

**Sch. P - Pt. 6R - Sn. 2B
NONE**

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS

(\$000 Omitted)

SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/farmowners.....			0.0			0.0
2. Private passenger auto liability/medical.....			0.0			0.0
3. Commercial auto/truck liability/medical.....			0.0			0.0
4. Workers' compensation.....			0.0			0.0
5. Commercial multiple peril.....			0.0			0.0
6. Medical professional liability - occurrence.....	22,840		0.0	816		0.0
7. Medical professional liability - claims-made.....	5,085		0.0	632		0.0
8. Special liability.....			0.0			0.0
9. Other liability - occurrence.....	474		0.0	265		0.0
10. Other liability - claims-made.....			0.0			0.0
11. Special property.....			0.0			0.0
12. Auto physical damage.....			0.0			0.0
13. Fidelity/surety.....			0.0			0.0
14. Other.....			0.0			0.0
15. International.....			0.0			0.0
16. Reinsurance - nonproportional assumed property.....	XXX	XXX	XXX	XXX	XXX	XXX
17. Reinsurance - nonproportional assumed liability.....	XXX	XXX	XXX	XXX	XXX	XXX
18. Reinsurance - nonproportional assumed financial lines.....	XXX	XXX	XXX	XXX	XXX	XXX
19. Products liability - occurrence.....			0.0			0.0
20. Products liability - claims-made.....			0.0			0.0
21. Financial guaranty/mortgage guaranty.....			0.0			0.0
22. Warranty.....			0.0			0.0
23. Totals.....	28,399	0	0.0	1,712	0	0.0

SECTION 2

Years in Which Policies Were Issued	Incurred Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....										
2. 2010.....										
3. 2011.....	XXX									
4. 2012.....	XXX	XXX								
5. 2013.....	XXX	XXX	XXX							
6. 2014.....	XXX	XXX	XXX	XXX						
7. 2015.....	XXX	XXX	XXX	XXX	XXX					
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Policies Were Issued	Bulk and Incurred But Not Reported Reserves for Losses and Defense and Cost Containment Expenses at Year End (\$000 omitted)									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....										
2. 2010.....										
3. 2011.....	XXX									
4. 2012.....	XXX	XXX								
5. 2013.....	XXX	XXX	XXX							
6. 2014.....	XXX	XXX	XXX	XXX						
7. 2015.....	XXX	XXX	XXX	XXX	XXX					
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS (continued)

SECTION 4

Years in Which Policies Were Issued	Net Earned Premiums Reported at Year End (\$000 omitted)									
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019
1. Prior.....										
2. 2010.....										
3. 2011.....	XXX									
4. 2012.....	XXX	XXX								
5. 2013.....	XXX	XXX	XXX							
6. 2014.....	XXX	XXX	XXX	XXX						
7. 2015.....	XXX	XXX	XXX	XXX	XXX					
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SECTION 5

Years in Which Policies Were Issued	Net Reserve for Premium Adjustments and Accrued Retrospective Premiums at Year End (\$000 omitted)									
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019
1. Prior.....										
2. 2010.....										
3. 2011.....	XXX									
4. 2012.....	XXX	XXX								
5. 2013.....	XXX	XXX	XXX							
6. 2014.....	XXX	XXX	XXX	XXX						
7. 2015.....	XXX	XXX	XXX	XXX	XXX					
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS

(\$000 Omitted)

SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/farmowners.....			0.0			0.0
2. Private passenger auto liability/medical.....			0.0			0.0
3. Commercial auto/truck liability/medical.....			0.0			0.0
4. Workers' compensation.....			0.0			0.0
5. Commercial multiple peril.....			0.0			0.0
6. Medical professional liability - occurrence.....	22,840		0.0	816		0.0
7. Medical professional liability - claims-made.....	5,085		0.0	632		0.0
8. Special liability.....			0.0			0.0
9. Other liability - occurrence.....	474		0.0	265		0.0
10. Other liability - claims-made.....			0.0			0.0
11. Special property.....			0.0			0.0
12. Auto physical damage.....			0.0			0.0
13. Fidelity/surety.....			0.0			0.0
14. Other.....			0.0			0.0
15. International.....			0.0			0.0
16. Reinsurance - nonproportional assumed property.....			0.0			0.0
17. Reinsurance - nonproportional assumed liability.....			0.0			0.0
18. Reinsurance - nonproportional assumed financial lines.....			0.0			0.0
19. Products liability - occurrence.....			0.0			0.0
20. Products liability - claims-made.....			0.0			0.0
21. Financial guaranty/mortgage guaranty.....			0.0			0.0
22. Warranty.....			0.0			0.0
23. Totals	28,399	0	0.0	1,712	0	0.0

SECTION 2

Years in Which Policies Were Issued	Incurred Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019
1. Prior.....										
2. 2010.....										
3. 2011.....	XXX									
4. 2012.....	XXX	XXX								
5. 2013.....	XXX	XXX	XXX							
6. 2014.....	XXX	XXX	XXX	XXX						
7. 2015.....	XXX	XXX	XXX	XXX	XXX					
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Policies Were Issued	Bulk and Incurred But Not Reported Reserves for Losses and Defense and Cost Containment Expenses at Year End (\$000 omitted)									
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019
1. Prior.....										
2. 2010.....										
3. 2011.....	XXX									
4. 2012.....	XXX	XXX								
5. 2013.....	XXX	XXX	XXX							
6. 2014.....	XXX	XXX	XXX	XXX						
7. 2015.....	XXX	XXX	XXX	XXX	XXX					
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (continued)

SECTION 4

Years in Which Policies Were Issued	Net Earned Premiums Reported At Year End (\$000 Omitted)									
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019
1. Prior.....										
2. 2010.....										
3. 2011.....	.XXX									
4. 2012.....	.XXX	.XXX								
5. 2013.....	.XXX	.XXX	.XXX							
6. 2014.....	.XXX	.XXX	.XXX	.XXX						
7. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2017.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2018.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2019.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

SECTION 5

Years in Which Policies Were Issued	Net Reserve For Premium Adjustments And Accrued Retrospective Premiums At Year End (\$000 Omitted)									
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019
1. Prior.....										
2. 2010.....										
3. 2011.....	.XXX									
4. 2012.....	.XXX	.XXX								
5. 2013.....	.XXX	.XXX	.XXX							
6. 2014.....	.XXX	.XXX	.XXX	.XXX						
7. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2017.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2018.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2019.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

SECTION 6

Years in Which Policies Were Issued	Incurred Adjustable Commissions Reported At Year End (\$000 Omitted)									
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019
1. Prior.....										
2. 2010.....										
3. 2011.....	.XXX									
4. 2012.....	.XXX	.XXX								
5. 2013.....	.XXX	.XXX	.XXX							
6. 2014.....	.XXX	.XXX	.XXX	.XXX						
7. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2017.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2018.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2019.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

SECTION 7

Years in Which Policies Were Issued	Reserves For Commission Adjustments At Year End (\$000 Omitted)									
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019
1. Prior.....										
2. 2010.....										
3. 2011.....	.XXX									
4. 2012.....	.XXX	.XXX								
5. 2013.....	.XXX	.XXX	.XXX							
6. 2014.....	.XXX	.XXX	.XXX	.XXX						
7. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2017.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2018.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2019.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims-Made insurance policies. EREs provided for reasons other than DDR are not be included.
- 1.1 Does the company issue Medical Professional Liability Claims-Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes [X] No []
If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions.
- 1.2 What is the total amount of the reserve for that provision (DDR reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? \$.....1,265,948
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [X] No []
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No [X]
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes [] No [X] N/A []
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred		DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
		1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601	Prior.....	.....	.....
1.602	2010.....	.....	.....
1.603	2011.....	.....	.....
1.604	2012.....	.....	.....
1.605	2013.....	.....	.....
1.606	2014.....	.....	.....
1.607	2015.....	.....	.....
1.608	2016.....	.....	.....
1.609	2017.....	.....	.....
1.610	2018.....	.....	.....
1.611	2019.....	.....	.....
1.612	Totals.....	0	0

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes [X] No []
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this statement? Yes [X] No []
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [] No [X]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.

Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5. What were the net premiums in force at the end of the year for: (in thousands of dollars)
5.1 Fidelity
5.2 Surety
6. Claim count information is reported per claim or per claimant. (Indicate which). PER CLAIM
If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes [] No [X]
- 7.2 An extended statement may be attached.

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

NONE

Sch. Y - Pt. 1A
NONE

Sch. Y - Pt. 2
NONE

Annual Statement for the year 2019 of the **Medical Malpractice Joint Underwriting Association of Rhode Island**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

Responses

- | | |
|--|-----|
| 1. Will an actuarial opinion be filed by March 1? | YES |
| 2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | YES |
| 3. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1? | YES |
| 4. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1? | YES |

APRIL FILING

- | | |
|--|-----|
| 5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1? | YES |
| 6. Will the Management's Discussion and Analysis be filed by April 1? | YES |
| 7. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | YES |

MAY FILING

- | | |
|---|----|
| 8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1? | NO |
|---|----|

JUNE FILING

- | | |
|---|-----|
| 9. Will an audited financial report be filed by June 1? | YES |
| 10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | YES |

AUGUST FILING

- | | |
|---|-----|
| 11. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? | YES |
|---|-----|

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.**

If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|--|-----|
| 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | NO |
| 13. Will the Financial Guaranty Insurance Exhibit be filed by March 1? | NO |
| 14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | NO |
| 15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1? | YES |
| 16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? | NO |
| 17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? | NO |
| 18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? | NO |
| 19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)? | YES |
| 21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1? | YES |
| 22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1? | NO |
| 23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | NO |
| 26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | NO |
| 27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | NO |
| 28. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1? | NO |

APRIL FILING

- | | |
|---|----|
| 29. Will the Credit Insurance Experience Exhibit be filed with state of domicile and the NAIC by April 1? | NO |
| 30. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | NO |
| 31. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | NO |
| 32. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | NO |
| 33. Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? | NO |
| 34. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1? | NO |
| 35. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? | NO |
| 36. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with state of domicile and the NAIC by April 1? | NO |

AUGUST FILING

- | | |
|--|-----------------|
| 37. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | SEE EXPLANATION |
|--|-----------------|

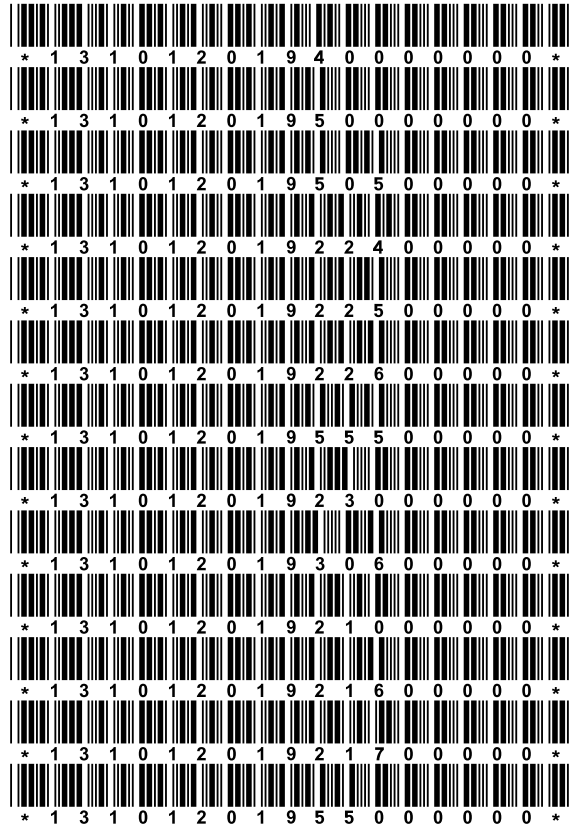
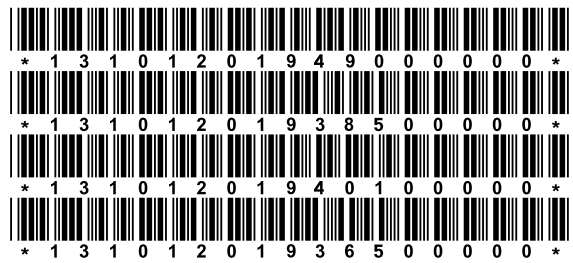
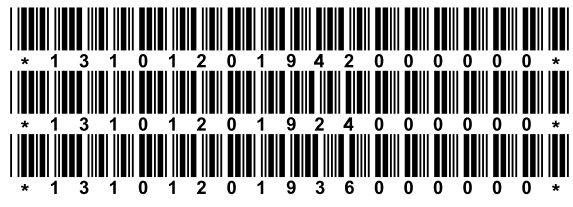
Annual Statement for the year 2019 of the **Medical Malpractice Joint Underwriting Association of Rhode Island**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

EXPLANATION:

BAR CODE:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12. The data for this supplement is not required to be filed.
- 13. The data for this supplement is not required to be filed.
- 14. The data for this supplement is not required to be filed.
- 15.
- 16. The data for this supplement is not required to be filed.
- 17. The data for this supplement is not required to be filed.
- 18. The data for this supplement is not required to be filed.
- 19. The data for this supplement is not required to be filed.
- 20.
- 21.
- 22. The data for this supplement is not required to be filed.
- 23. The data for this supplement is not required to be filed.
- 24. The data for this supplement is not required to be filed.
- 25. The data for this supplement is not required to be filed.
- 26. The data for this supplement is not required to be filed.
- 27. The data for this supplement is not required to be filed.
- 28. The data for this supplement is not required to be filed.
- 29. The data for this supplement is not required to be filed.
- 30. The data for this supplement is not required to be filed.
- 31. The data for this supplement is not required to be filed.
- 32. The data for this supplement is not required to be filed.
- 33. The data for this supplement is not required to be filed.
- 34. The data for this supplement is not required to be filed.



Annual Statement for the year 2019 of the **Medical Malpractice Joint Underwriting Association of Rhode Island**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

35. The data for this supplement is not required to be filed.



36. The data for this supplement is not required to be filed.



37. Does not meet the annual premium threshold of \$500,000,000 required for filing



Annual Statement for the year 2019 of the **Medical Malpractice Joint Underwriting Association of Rhode Island**
Overflow Page for Write-Ins

Additional Write-ins for Underwriting and Investment Exhibit-Part 3:

	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
2404. Risk management expense.....		1,338		1,338
2405. Ohter expense.....		54,954		54,954
2497. Summary of remaining write-ins for Line 24.....	0	56,292	0	56,292

100L

NONE



SUPPLEMENT "A" TO SCHEDULE T

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

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN

Physicians - Including Surgeons and Osteopaths

ALLOCATED BY STATES AND TERRITORIES

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ								
4. Arkansas.....AR								
5. California.....CA								
6. Colorado.....CO								
7. Connecticut.....CT								
8. Delaware.....DE								
9. District of Columbia.....DC								
10. Florida.....FL								
11. Georgia.....GA								
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL								
15. Indiana.....IN								
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY								
19. Louisiana.....LA								
20. Maine.....ME								
21. Maryland.....MD								
22. Massachusetts.....MA								
23. Michigan.....MI								
24. Minnesota.....MN								
25. Mississippi.....MS								
26. Missouri.....MO								
27. Montana.....MT								
28. Nebraska.....NE								
29. Nevada.....NV								
30. New Hampshire.....NH								
31. New Jersey.....NJ								
32. New Mexico.....NM								
33. New York.....NY								
34. North Carolina.....NC								
35. North Dakota.....ND								
36. Ohio.....OH								
37. Oklahoma.....OK								
38. Oregon.....OR								
39. Pennsylvania.....PA								
40. Rhode Island.....RI	1,226,574	1,319,018	1,735,933	3	(1,031,612)	8,319,002	28	9,041,227
41. South Carolina.....SC								
42. South Dakota.....SD								
43. Tennessee.....TN								
44. Texas.....TX								
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA								
48. Washington.....WA								
49. West Virginia.....WV								
50. Wisconsin.....WI								
51. Wyoming.....WY								
52. American Samoa.....AS								
53. Guam.....GU								
54. Puerto Rico.....PR								
55. US Virgin Islands.....VI								
56. Northern Mariana Islands.....MP								
57. Canada.....CAN								
58. Aggregate Other Alien.....OT	0	0	0	0	0	0	0	0
59. Totals.....	1,226,574	1,319,018	1,735,933	3	(1,031,612)	8,319,002	28	9,041,227

DETAILS OF WRITE-INS

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



SUPPLEMENT "A" TO SCHEDULE T

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN

ALLOCATED BY STATES AND TERRITORIES

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

Hospitals

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ								
4. Arkansas.....AR								
5. California.....CA								
6. Colorado.....CO								
7. Connecticut.....CT								
8. Delaware.....DE								
9. District of Columbia.....DC								
10. Florida.....FL								
11. Georgia.....GA								
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL								
15. Indiana.....IN								
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY								
19. Louisiana.....LA								
20. Maine.....ME								
21. Maryland.....MD								
22. Massachusetts.....MA								
23. Michigan.....MI								
24. Minnesota.....MN								
25. Mississippi.....MS								
26. Missouri.....MO								
27. Montana.....MT								
28. Nebraska.....NE								
29. Nevada.....NV								
30. New Hampshire.....NH								
31. New Jersey.....NJ								
32. New Mexico.....NM								
33. New York.....NY								
34. North Carolina.....NC								
35. North Dakota.....ND								
36. Ohio.....OH								
37. Oklahoma.....OK								
38. Oregon.....OR								
39. Pennsylvania.....PA								
40. Rhode Island.....RI	221,258	233,702			(333,773)	1,695,000	13	1,629,192
41. South Carolina.....SC								
42. South Dakota.....SD								
43. Tennessee.....TN								
44. Texas.....TX								
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA								
48. Washington.....WA								
49. West Virginia.....WV								
50. Wisconsin.....WI								
51. Wyoming.....WY								
52. American Samoa.....AS								
53. Guam.....GU								
54. Puerto Rico.....PR								
55. US Virgin Islands.....VI								
56. Northern Mariana Islands.....MP								
57. Canada.....CAN								
58. Aggregate Other Alien.....OT	0	0	0	0	0	0	0	0
59. Totals.....	221,258	233,702	0	0	(333,773)	1,695,000	13	1,629,192

DETAILS OF WRITE-INS

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

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

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



REINSURANCE SUMMARY SUPPLEMENTAL FILING FOR GENERAL INTERROGATORY 9 (PART 2)

FOR THE YEAR ENDED DECEMBER 31, 2019

To Be Filed by March 1

NAIC Group Code: 0

NAIC Company Code: 13101....

	(A) Financial Impact		
	1	2	3
	As Reported	Interrogatory 9 Reinsurance Effect	Restated Without Interrogatory 9 Reinsurance
A01. Assets.....	155,794,031	.....	155,794,031
A02. Liabilities.....	32,428,913	.....	32,428,913
A03. Surplus as regards to policyholders.....	123,365,118	.....	123,365,118
A04. Income before taxes.....	8,486,559	.....	8,486,559

B. Summary of Reinsurance Contract Terms

C. Management's Objectives

D. If the response to General Interrogatory 9.4 (Part 2 Property & Casualty Interrogatories) is yes, explain below why the contracts are treated differently for GAAP and SAP.

2019 ALPHABETICAL INDEX -- PROPERTY & CASUALTY ANNUAL STATEMENT BLANK

Assets	2	Schedule P-Part 2H-Section 1-Other Liability-Occurrence	58
Cash Flow	5	Schedule P-Part 2H-Section 2-Other Liability-Claims-Made	58
Exhibit of Capital Gains (Losses)	12	Schedule P-Part 2L-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, Theft)	59
Exhibit of Net Investment Income	12	Schedule P-Part 2J-Auto Physical Damage	59
Exhibit of Nonadmitted Assets	13	Schedule P-Part 2K-Fidelity, Surety	59
Exhibit of Premiums and Losses (State Page)	19	Schedule P-Part 2L-Other (Including Credit, Accident and Health)	59
Five-Year Historical Data	17	Schedule P-Part 2M-International	59
General Interrogatories	15	Schedule P-Part 2N-Reinsurance - Nonproportional Assumed Property	60
Jurat Page	1	Schedule P-Part 2O-Reinsurance - Nonproportional Assumed Liability	60
Liabilities, Surplus and Other Funds	3	Schedule P-Part 2P-Reinsurance - Nonproportional Assumed Financial Lines	60
Notes To Financial Statements	14	Schedule P-Part 2R-Section 1-Products Liability-Occurrence	61
Overflow Page For Write-ins	100	Schedule P-Part 2R-Section 2-Products Liability-Claims-Made	61
Schedule A-Part 1	E01	Schedule P-Part 2S-Financial Guaranty/Mortgage Guaranty	61
Schedule A-Part 2	E02	Schedule P-Part 2T-Warranty	61
Schedule A-Part 3	E03	Schedule P-Part 3A-Homeowners/Farmowners	62
Schedule A-Verification Between Years	SI02	Schedule P-Part 3B-Private Passenger Auto Liability/Medical	62
Schedule B-Part 1	E04	Schedule P-Part 3C-Commercial Auto/Truck Liability/Medical	62
Schedule B-Part 2	E05	Schedule P-Part 3D-Workers' Compensation (Excluding Excess Workers Compensation)	62
Schedule B-Part 3	E06	Schedule P-Part 3E-Commercial Multiple Peril	62
Schedule B-Verification Between Years	SI02	Schedule P-Part 3F-Section 1-Medical Professional Liability-Occurrence	63
Schedule BA-Part 1	E07	Schedule P-Part 3F-Section 2-Medical Professional Liability-Claims-Made	63
Schedule BA-Part 2	E08	Schedule P-Part 3G-Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery)	63
Schedule BA-Part 3	E09	Schedule P-Part 3H-Section 1-Other Liability-Occurrence	63
Schedule BA-Verification Between Years	SI03	Schedule P-Part 3H-Section 2-Other Liability-Claims-Made	63
Schedule D-Part 1	E10	Schedule P-Part 3I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, Theft)	64
Schedule D-Part 1A-Section 1	SI05	Schedule P-Part 3J-Auto Physical Damage	64
Schedule D-Part 1A-Section 2	SI08	Schedule P-Part 3K-Fidelity/Surety	64
Schedule D-Part 2-Section 1	E11	Schedule P-Part 3L-Other (Including Credit, Accident and Health)	64
Schedule D-Part 2-Section 2	E12	Schedule P-Part 3M-International	64
Schedule D-Part 3	E13	Schedule P-Part 3N-Reinsurance - Nonproportional Assumed Property	65
Schedule D-Part 4	E14	Schedule P-Part 3O-Reinsurance - Nonproportional Assumed Liability	65
Schedule D-Part 5	E15	Schedule P-Part 3P-Reinsurance - Nonproportional Assumed Financial Lines	65
Schedule D-Part 6-Section 1	E16	Schedule P-Part 3R-Section 1-Products Liability-Occurrence	66
Schedule D-Part 6-Section 2	E16	Schedule P-Part 3R-Section 2-Products Liability-Claims-Made	66
Schedule D-Summary By Country	SI04	Schedule P-Part 3S-Financial Guaranty/Mortgage Guaranty	66
Schedule D-Verification Between Years	SI03	Schedule P-Part 3T-Warranty	66
Schedule DA-Part 1	E17	Schedule P-Part 4A-Homeowners/Farmowners	67
Schedule DA-Verification Between Years	SI10	Schedule P-Part 4B-Private Passenger Auto Liability/Medical	67
Schedule DB-Part A-Section 1	E18	Schedule P-Part 4C-Commercial Auto/Truck Liability/Medical	67
Schedule DB-Part A-Section 2	E19	Schedule P-Part 4D-Workers' Compensation (Excluding Excess Workers Compensation)	67
Schedule DB-Part A-Verification Between Years	SI11	Schedule P-Part 4E-Commercial Multiple Peril	67
Schedule DB-Part B-Section 1	E20	Schedule P-Part 4F-Section 1-Medical Professional Liability-Occurrence	68
Schedule DB-Part B-Section 2	E21	Schedule P-Part 4F-Section 2-Medical Professional Liability-Claims-Made	68
Schedule DB-Part B-Verification Between Years	SI11	Schedule P-Part 4G-Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery)	68
Schedule DB-Part C-Section 1	SI12	Schedule P-Part 4H-Section 1-Other Liability-Occurrence	68
Schedule DB-Part C-Section 2	SI13	Schedule P-Part 4H-Section 2-Other Liability-Claims-Made	68
Schedule DB-Part D-Section 1	E22	Schedule P-Part 4I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)	69
Schedule DB-Part D-Section 2	E23	Schedule P-Part 4J-Auto Physical Damage	69
Schedule DB-Part E	E24	Schedule P-Part 4K-Fidelity/Surety	69
Schedule DB-Verification	SI14	Schedule P-Part 4L-Other (Including Credit, Accident and Health)	69
Schedule DL-Part 1	E25	Schedule P-Part 4M-International	69
Schedule DL-Part 2	E26	Schedule P-Part 4N-Reinsurance - Nonproportional Assumed Property	70
Schedule E-Part 1-Cash	E27	Schedule P-Part 4O-Reinsurance - Nonproportional Assumed Liability	70
Schedule E-Part 2-Cash Equivalents	E28	Schedule P-Part 4P-Reinsurance - Nonproportional Assumed Financial Lines	70
Schedule E-Verification Between Years	SI15	Schedule P-Part 4R-Section 1-Products Liability-Occurrence	71
Schedule E-Part 3-Special Deposits	E29	Schedule P-Part 4R-Section 2-Products Liability-Claims-Made	71
Schedule F-Part 1	20	Schedule P-Part 4S-Financial Guaranty/Mortgage Guaranty	71
Schedule F-Part 2	21	Schedule P-Part 4T-Warranty	71
Schedule F-Part 3	22	Schedule P-Part 5A-Homeowners/Farmowners	72
Schedule F-Part 4	27	Schedule P-Part 5B-Private Passenger Auto Liability/Medical	73
Schedule F-Part 5	28	Schedule P-Part 5C-Commercial Auto/Truck Liability/Medical	74
Schedule F-Part 6	29	Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers Compensation)	75
Schedule H-Accident and Health Exhibit-Part 1	30	Schedule P-Part 5E-Commercial Multiple Peril	76
Schedule H-Part 2, Part 3 and Part 4	31	Schedule P-Part 5F-Medical Professional Liability-Claims-Made	78
Schedule H-Part 5-Health Claims	32	Schedule P-Part 5F-Medical Professional Liability-Occurrence	77
Schedule P-Part 1-Summary	33	Schedule P-Part 5H-Other Liability-Claims-Made	80
Schedule P-Part 1A-Homeowners/Farmowners	35	Schedule P-Part 5H-Other Liability-Occurrence	79
Schedule P-Part 1B-Private Passenger Auto Liability/Medical	36	Schedule P-Part 5R-Products Liability-Claims-Made	82
Schedule P-Part 1C-Commercial Auto/Truck Liability/Medical	37	Schedule P-Part 5R-Products Liability-Occurrence	81
Schedule P-Part 1D-Workers' Compensation (Excluding Excess Workers Compensation)	38	Schedule P-Part 5T-Warranty	83
Schedule P-Part 1E-Commercial Multiple Peril	39	Schedule P-Part 6C-Commercial Auto/Truck Liability/Medical	84
Schedule P-Part 1F-Section 1-Medical Professional Liability-Occurrence	40	Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers Compensation)	84
Schedule P-Part 1F-Section 2-Medical Professional Liability-Claims-Made	41	Schedule P-Part 6E-Commercial Multiple Peril	85
Schedule P-Part 1G-Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler & Machinery)	42	Schedule P-Part 6H-Other Liability-Claims-Made	86
Schedule P-Part 1H-Section 1-Other Liability-Occurrence	43	Schedule P-Part 6H-Other Liability-Occurrence	85
Schedule P-Part 1H-Section 2-Other Liability-Claims-Made	44	Schedule P-Part 6M-International	86
Schedule P-Part 1I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)	45	Schedule P-Part 6N-Reinsurance - Nonproportional Assumed Property	87
Schedule P-Part 1J-Auto Physical Damage	46	Schedule P-Part 6O-Reinsurance - Nonproportional Assumed Liability	87
Schedule P-Part 1K-Fidelity/Surety	47	Schedule P-Part 6R-Products Liability-Claims-Made	88
Schedule P-Part 1L-Other (Including Credit, Accident and Health)	48	Schedule P-Part 6R-Products Liability-Occurrence	88
Schedule P-Part 1M-International	49	Schedule P-Part 7A-Primary Loss Sensitive Contracts	89
Schedule P-Part 1N-Reinsurance - Nonproportional Assumed Property	50	Schedule P-Part 7B-Reinsurance Loss Sensitive Contracts	91
Schedule P-Part 1O-Reinsurance - Nonproportional Assumed Liability	51	Schedule P Interrogatories	93
Schedule P-Part 1P-Reinsurance - Nonproportional Assumed Financial Lines	52	Schedule T-Exhibit of Premiums Written	94
Schedule P-Part 1R-Section 1-Products Liability-Occurrence	53	Schedule T-Part 2-Interstate Compact	95
Schedule P-Part 1R-Section 2-Products Liability-Claims-Made	54	Schedule Y-Information Concerning Activities of Insurer Members of a Holding Company Group	96
Schedule P-Part 1S-Financial Guaranty/Mortgage Guaranty	55	Schedule Y-Detail of Insurance Holding Company System	97
Schedule P-Part 1T-Warranty	56	Schedule Y-Part 2-Summary of Insurer's Transactions With Any Affiliates	98
Schedule P-Part 2, Part 3 and Part 4 - Summary	54	Statement of Income	4
Schedule P-Part 2A-Homeowners/Farmowners	57	Summary Investment Schedule	SI01
Schedule P-Part 2B-Private Passenger Auto Liability/Medical	57	Supplemental Exhibits and Schedules Interrogatories	99
Schedule P-Part 2C-Commercial Auto/Truck Liability/Medical	57	Underwriting and Investment Exhibit Part 1	6
Schedule P-Part 2D-Workers' Compensation (Excluding Excess Workers Compensation)	57	Underwriting and Investment Exhibit Part 1A	7
Schedule P-Part 2E-Commercial Multiple Peril	57	Underwriting and Investment Exhibit Part 1B	8
Schedule P-Part 2F-Section 1-Medical Professional Liability-Occurrence	58	Underwriting and Investment Exhibit Part 2	9
Schedule P-Part 2F-Section 2-Medical Professional Liability-Claims-Made	58	Underwriting and Investment Exhibit Part 2A	10
Schedule P-Part 2G-Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery)	58	Underwriting and Investment Exhibit Part 3	11