



# ANNUAL STATEMENT

For the Year Ended December 31, 2015  
of the Condition and Affairs of the

## Medical Malpractice Joint Underwriting Association of Rhode Island

NAIC Group Code..... 0, 0  
(Current Period) (Prior Period)

Organized under the Laws of Rhode Island  
Incorporated/Organized..... June 16, 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)

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)

Internet Web Site Address

Statutory Statement Contact  
Jerilynn Leahy  
(Name)  
jleahy@beechercarlson.com  
(E-Mail Address)

NAIC Company Code..... 13101

Employer's ID Number..... 51-0140354

State of Domicile or Port of Entry Rhode Island

Country of Domicile US

Commenced Business..... July 1, 1975

401-369-8240  
(Area Code) (Telephone Number)

401-369-8240  
(Area Code) (Telephone Number)

401-369-8245  
(Area Code) (Telephone Number) (Extension)

401-369-8241  
(Fax Number)

### OFFICERS

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

### OTHER

### DIRECTORS OR TRUSTEES

Sang Park	Molly Flannagan	James Pascaides DPM	Kenneth B Nanian MD
Robert Suglia	Earl Cottam Jr.	Michael Souza	Timothy Knapp
Don Baldini	Larry Alan	Barbara M Cavicchio DDS #	

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

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

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

Subscribed and sworn to before me  
This 2nd day of February 2016

for Larry Alan

- 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 \_\_\_\_\_

LAIRA REHBEIN  
NOTARY PUBLIC  
MY COMMISSION EXPIRES  
MAR 31, 2019



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

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Robert Suglia	Eari Cottam Jr.	Michael Souza	Timothy Knapp
Don Baldini	Larry Alan	Barbara M Cavicchio DDS #	

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

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

Subscribed and sworn to before me  
This 3<sup>rd</sup> day of February 2016

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

JACQUELINE K. PLANTE  
NOTARY PUBLIC OF RHODE ISLAND  
My Commission Expires 3/13/2016



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of the Condition and Affairs of the

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\_\_\_\_\_  
(Signature)  
Larry Alan  
1. (Printed Name)  
Secretary  
(Title)

\_\_\_\_\_  
(Signature)  
Robert Suglia  
2. (Printed Name)  
Chair  
(Title)

(Signature)  
Jerilynn Leahy  
3. (Printed Name)  
Assistant Secretary  
(Title)

Subscribed and sworn to before me  
This 4th day of February 2016

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 Data)**



NAIC Group Code....0 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.....												
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.....	2,324,611	2,398,252		2,200,315	2,181,490	907,204	40,707,952	743,424	740,616	9,492,698	86,421	89,850
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 (b).....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....	353,394	352,733		79,641	262,500	727,410	1,070,083	233,221	358,606	323,119	12,913	13,426
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.....												
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).....	2,678,005	2,750,985	0	2,279,956	2,443,990	1,634,614	41,778,035	976,645	1,099,222	9,815,817	99,334	103,276

**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 thru 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 Data)**



NAIC Group Code....0 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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27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
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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 thru 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**

**Medical Malpractice Joint Underwriting Association of Rhode Island**

**SCHEDULE F - PART 3**

Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable on									Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Col. 15-[16+17]	19 Funds Held By Company Under Reinsurance Treaties	
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
<b>Authorized Affiliates-Other (Non-U.S.) - Other</b>																			
AA-1126435	.....	Lloyd'S Syndicate Number 435.....	GBR.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
AA-1126623	.....	Lloyd'S Syndicate Number 623.....	GBR.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
AA-1128623	.....	Lloyd'S Syndicate Number 2623.....	GBR.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
AA-1120084	.....	Lloyd'S Syndicate Number 1955.....	GBR.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
AA-1127414	.....	Lloyd'S Syndicate Number 1414.....	GBR.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
AA-1126006	.....	Lloyd'S Syndicate Number 4472.....	GBR.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
AA-1128987	.....	Lloyd'S Syndicate Number 2987.....	GBR.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
AA-3190795	.....	American Safety Reinsurance Ltd.....	BMU.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0699999	Total Authorized Affiliates - Other (Non-U.S.) - Other.....				.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0799999	Total Authorized Affiliates - Other (Non-U.S.) - Total.....				.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0899999	Total Authorized Affiliates.....				.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
<b>Authorized Other U.S. Unaffiliated Insurers</b>																			
86-0528184	17370...	Nautilus Insurance Company.....	AZ.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
41-0121640	23647...	Ironshore Indemnity Inc., U.S.A.....	MN.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0999999	Total Authorized Other U.S. Unaffiliated Insurers.....				.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1399999	Total Authorized.....				.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4099999	Total Authorized, Unauthorized and Certified.....				.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9999999	Totals.....				.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

22

Note A: Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000.

1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
(1).....	.....	.....
(2).....	.....	.....
(3).....	.....	.....
(4).....	.....	.....
(5).....	.....	.....

Note B: Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated	
(1).....	.....	.....	Yes [ ]	No [ ]
(2).....	.....	.....	Yes [ ]	No [ ]
(3).....	.....	.....	Yes [ ]	No [ ]
(4).....	.....	.....	Yes [ ]	No [ ]
(5).....	.....	.....	Yes [ ]	No [ ]

**Sch. F - Pt. 4  
NONE**

**Sch. F - Pt. 5  
NONE**

**Sch. F - Pt. 6 - Sn. 1  
NONE**

**Sch. F - Pt. 6 - Sn. 2  
NONE**

**Sch. F - Pt. 7  
NONE**

**Sch. F - Pt. 8  
NONE**



**SCHEDULE F - PART 9**

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12).....	148,479,459		148,479,459
2. Premiums and considerations (Line 15).....	412,105		412,105
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.....	3,031,395		3,031,395
6. Net amount recoverable from reinsurers.....			0
7. Protected cell assets (Line 27).....			0
8. Totals (Line 28).....	151,922,959	0	151,922,959
<b>LIABILITIES (Page 3)</b>			
9. Losses and loss adjustment expenses (Lines 1 through 3).....	54,733,813		54,733,813
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	238,199		238,199
11. Unearned premiums (Line 9).....	2,279,956		2,279,956
12. Advance premiums (Line 10).....	31,866		31,866
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).....	1,707,873		1,707,873
17. Provision for reinsurance (Line 16).....			0
18. Other liabilities.....	131,000		131,000
19. Total liabilities excluding protected cell business (Line 26).....	59,122,707	0	59,122,707
20. Protected cell liabilities (Line 27).....			0
21. Surplus as regards policyholders (Line 37).....	92,800,252	.XXX	92,800,252
22. Totals (Line 38).....	151,922,959	0	151,922,959

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.....	35.....		36.....		6.....			77.....	XXX.....
2. 2006.....	6,634.....		6,634.....	3,263.....		797.....		585.....			4,645.....	58.....
3. 2007.....	7,826.....		7,826.....	1,543.....		789.....		407.....			2,739.....	56.....
4. 2008.....	4,501.....		4,501.....	2,297.....		680.....		400.....			3,377.....	80.....
5. 2009.....	2,856.....		2,856.....	339.....		280.....		254.....			873.....	52.....
6. 2010.....	2,754.....		2,754.....	133.....		189.....		213.....			535.....	39.....
7. 2011.....	2,301.....		2,301.....	2,511.....		251.....		200.....			2,962.....	42.....
8. 2012.....	2,264.....		2,264.....	26.....		187.....		187.....			400.....	45.....
9. 2013.....	2,140.....		2,140.....	785.....		222.....		192.....			1,199.....	38.....
10. 2014.....	2,023.....		2,023.....	950.....		69.....		148.....			1,167.....	28.....
11. 2015.....	1,815.....		1,815.....			29.....		100.....			129.....	25.....
12. Totals.....	XXX.....	XXX.....	XXX.....	11,882.....	0.....	3,529.....	0.....	2,692.....	0.....	0.....	18,103.....	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.....	4,920.....		522.....		87.....		50.....		221.....			5,800.....	6.....
2. 2006.....							7.....		1.....			8.....	
3. 2007.....	920.....		651.....		71.....		35.....		87.....			1,764.....	7.....
4. 2008.....	150.....		1,547.....		42.....		298.....		145.....			2,182.....	3.....
5. 2009.....	600.....		1,345.....		106.....		446.....		160.....			2,657.....	4.....
6. 2010.....	625.....		1,777.....		184.....		952.....		234.....			3,772.....	4.....
7. 2011.....	1,150.....		2,514.....		171.....		699.....		288.....			4,822.....	8.....
8. 2012.....	1,775.....		2,242.....		318.....		795.....		302.....			5,432.....	15.....
9. 2013.....	800.....		3,027.....		131.....		1,138.....		346.....			5,442.....	14.....
10. 2014.....	25.....		3,586.....		77.....		1,209.....		363.....			5,260.....	12.....
11. 2015.....	150.....		3,271.....		51.....		1,008.....		328.....			4,808.....	24.....
12. Totals.....	11,115.....	0.....	20,482.....	0.....	1,238.....	0.....	6,637.....	0.....	2,475.....	0.....	0.....	41,947.....	97.....

	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.....	5,442.....	358.....
2. 2006.....	4,653.....	0.....	4,653.....	70.1.....	0.0.....	70.1.....				0.....	8.....
3. 2007.....	4,503.....	0.....	4,503.....	57.5.....	0.0.....	57.5.....				1,571.....	193.....
4. 2008.....	5,559.....	0.....	5,559.....	123.5.....	0.0.....	123.5.....				1,697.....	485.....
5. 2009.....	3,530.....	0.....	3,530.....	123.6.....	0.0.....	123.6.....				1,945.....	712.....
6. 2010.....	4,307.....	0.....	4,307.....	156.4.....	0.0.....	156.4.....				2,402.....	1,370.....
7. 2011.....	7,784.....	0.....	7,784.....	338.3.....	0.0.....	338.3.....				3,664.....	1,158.....
8. 2012.....	5,832.....	0.....	5,832.....	257.6.....	0.0.....	257.6.....				4,017.....	1,415.....
9. 2013.....	6,641.....	0.....	6,641.....	310.3.....	0.0.....	310.3.....				3,827.....	1,615.....
10. 2014.....	6,427.....	0.....	6,427.....	317.7.....	0.0.....	317.7.....				3,611.....	1,649.....
11. 2015.....	4,937.....	0.....	4,937.....	272.0.....	0.0.....	272.0.....				3,421.....	1,387.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	31,597.....	10,350.....

**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.....								0	XXX.....
2. 2006.....	2,423.....		2,423.....	2,135.....		576.....		167.....			2,878	19
3. 2007.....	2,382.....		2,382.....	5,132.....		1,149.....		120.....			6,401	112
4. 2008.....	2,947.....		2,947.....	4,267.....		506.....		179.....			4,952	76
5. 2009.....	1,983.....		1,983.....	1,437.....		741.....		283.....			2,461	29
6. 2010.....	1,781.....		1,781.....	1,863.....		534.....		177.....			2,574	29
7. 2011.....	726.....		726.....	298.....		136.....		111.....			545	13
8. 2012.....	541.....		541.....	400.....		239.....		89.....			728	18
9. 2013.....	597.....		597.....	130.....		46.....		121.....			297	28
10. 2014.....	481.....		481.....			21.....		110.....			131	15
11. 2015.....	583.....		583.....			42.....		87.....			129	22
12. Totals.....	XXX.....	XXX.....	XXX.....	15,662.....	0.....	3,990.....	0.....	1,444.....	0.....	0.....	21,096	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. 2006.....												0	
3. 2007.....					15.....		30.....		3.....			48	1
4. 2008.....	100.....		56.....		8.....		3.....		8.....			175	1
5. 2009.....	200.....		115.....		63.....		74.....		24.....			476	3
6. 2010.....	2,000.....		1,150.....		57.....		101.....		167.....			3,475	2
7. 2011.....	990.....		569.....		61.....		50.....		84.....			1,754	2
8. 2012.....	250.....		547.....		20.....		168.....		63.....			1,048	3
9. 2013.....	200.....		857.....		76.....		244.....		92.....			1,469	5
10. 2014.....	325.....		598.....		98.....		202.....		75.....			1,298	9
11. 2015.....	735.....		417.....		198.....		150.....		76.....			1,576	22
12. Totals.....	4,800.....	0.....	4,309.....	0.....	596.....	0.....	1,022.....	0.....	592.....	0.....	0.....	11,319	48

	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. 2006.....	2,878.....	0.....	2,878.....	118.8.....	0.0.....	118.8.....				0	0
3. 2007.....	6,449.....	0.....	6,449.....	270.7.....	0.0.....	270.7.....				0	48
4. 2008.....	5,127.....	0.....	5,127.....	174.0.....	0.0.....	174.0.....				156	19
5. 2009.....	2,937.....	0.....	2,937.....	148.1.....	0.0.....	148.1.....				315	161
6. 2010.....	6,049.....	0.....	6,049.....	339.6.....	0.0.....	339.6.....				3,150	325
7. 2011.....	2,299.....	0.....	2,299.....	316.7.....	0.0.....	316.7.....				1,559	195
8. 2012.....	1,776.....	0.....	1,776.....	328.3.....	0.0.....	328.3.....				797	251
9. 2013.....	1,766.....	0.....	1,766.....	295.8.....	0.0.....	295.8.....				1,057	412
10. 2014.....	1,429.....	0.....	1,429.....	297.1.....	0.0.....	297.1.....				923	375
11. 2015.....	1,705.....	0.....	1,705.....	292.5.....	0.0.....	292.5.....				1,152	424
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	9,109	2,210

**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. 2006.....			.0								0	XXX
3. 2007.....			.0								0	XXX
4. 2008.....			.0								0	XXX
5. 2009.....			.0								0	XXX
6. 2010.....			.0								0	XXX
7. 2011.....			.0								0	XXX
8. 2012.....			.0								0	XXX
9. 2013.....			.0								0	XXX
10. 2014.....			.0								0	XXX
11. 2015.....			.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. 2006.....											.0		
3. 2007.....											.0		
4. 2008.....											.0		
5. 2009.....											.0		
6. 2010.....											.0		
7. 2011.....											.0		
8. 2012.....											.0		
9. 2013.....											.0		
10. 2014.....											.0		
11. 2015.....											.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. 2006.	.0	.0	.0	.0	.0	.0				.0	.0
3. 2007.	.0	.0	.0	.0	.0	.0				.0	.0
4. 2008.	.0	.0	.0	.0	.0	.0				.0	.0
5. 2009.	.0	.0	.0	.0	.0	.0				.0	.0
6. 2010.	.0	.0	.0	.0	.0	.0				.0	.0
7. 2011.	.0	.0	.0	.0	.0	.0				.0	.0
8. 2012.	.0	.0	.0	.0	.0	.0				.0	.0
9. 2013.	.0	.0	.0	.0	.0	.0				.0	.0
10. 2014.	.0	.0	.0	.0	.0	.0				.0	.0
11. 2015.	.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.....								0	XXX.....
2. 2006.....	263.....		263.....	91.....		117.....		61.....			269.....	18
3. 2007.....	369.....		369.....	233.....		71.....		36.....			340.....	29
4. 2008.....	999.....		999.....	85.....		42.....		16.....			143.....	15
5. 2009.....	925.....		925.....	21.....		142.....		30.....			193.....	10
6. 2010.....	942.....		942.....			66.....		29.....			95.....	6
7. 2011.....	507.....		507.....			29.....		29.....			58.....	5
8. 2012.....	428.....		428.....			1.....		19.....			20.....	3
9. 2013.....	406.....		406.....			3.....		19.....			22.....	4
10. 2014.....	318.....		318.....	58.....				20.....			78.....	4
11. 2015.....	353.....		353.....					20.....			20.....	5
12. Totals.....	XXX.....	XXX.....	XXX.....	488.....	0.....	471.....	0.....	279.....	0.....	0.....	1,238.....	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. 2006.....	19.....		26.....		42.....		10.....		5.....			102.....	1
3. 2007.....												0	
4. 2008.....			1.....									1.....	
5. 2009.....	100.....		56.....		28.....		18.....		10.....			212.....	1
6. 2010.....	85.....		53.....		38.....		18.....		10.....			204.....	2
7. 2011.....	150.....		81.....		21.....		24.....		14.....			290.....	1
8. 2012.....			11.....				4.....		1.....			16.....	
9. 2013.....	50.....		44.....		47.....		16.....		8.....			165.....	1
10. 2014.....			83.....				26.....		8.....			117.....	
11. 2015.....	200.....		111.....				32.....		18.....			361.....	5
12. Totals.....	604.....	0.....	466.....	0.....	176.....	0.....	148.....	0.....	74.....	0.....	0.....	1,468.....	11

	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. 2006.....	371.....	0.....	371.....	141.1.....	0.0.....	141.1.....				45.....	57
3. 2007.....	340.....	0.....	340.....	92.1.....	0.0.....	92.1.....				0	0
4. 2008.....	144.....	0.....	144.....	14.4.....	0.0.....	14.4.....				1.....	0
5. 2009.....	405.....	0.....	405.....	43.8.....	0.0.....	43.8.....				156.....	56
6. 2010.....	299.....	0.....	299.....	31.7.....	0.0.....	31.7.....				138.....	66
7. 2011.....	348.....	0.....	348.....	68.6.....	0.0.....	68.6.....				231.....	59
8. 2012.....	36.....	0.....	36.....	8.4.....	0.0.....	8.4.....				11.....	5
9. 2013.....	187.....	0.....	187.....	46.1.....	0.0.....	46.1.....				94.....	71
10. 2014.....	195.....	0.....	195.....	61.3.....	0.0.....	61.3.....				83.....	34
11. 2015.....	381.....	0.....	381.....	107.9.....	0.0.....	107.9.....				311.....	50
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	1,070.....	398

**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
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	One Year	Two Year
1. Prior.....	58,011	49,325	40,847	32,493	29,307	28,753	28,391	32,162	31,123	31,115	(8)	(1,047)
2. 2006.....	16,958	14,953	13,994	12,132	7,987	7,021	5,907	5,016	4,797	4,067	(730)	(949)
3. 2007.....	XXX	16,127	15,164	13,261	9,516	7,240	6,394	5,627	5,006	4,009	(997)	(1,618)
4. 2008.....	XXX	XXX	9,622	10,438	11,560	10,344	8,788	6,937	5,677	5,014	(663)	(1,923)
5. 2009.....	XXX	XXX	XXX	6,179	7,500	5,917	6,180	5,102	4,344	3,116	(1,228)	(1,986)
6. 2010.....	XXX	XXX	XXX	XXX	7,802	6,616	6,277	4,784	4,282	3,860	(422)	(924)
7. 2011.....	XXX	XXX	XXX	XXX	XXX	6,507	8,129	8,732	7,979	7,296	(683)	(1,436)
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	5,959	6,014	5,724	5,343	(381)	(671)
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,490	5,773	6,103	330	613
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,490	5,916	426	XXX
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,509	XXX	XXX
12. Totals											(4,356)	(9,941)

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

1. Prior.....	6,105	6,088	5,981	7,387	7,043	6,883	6,586	6,459	6,459	6,459	0	0
2. 2006.....	2,862	3,499	2,869	2,851	2,511	2,430	2,306	2,712	2,711	2,711	0	(1)
3. 2007.....	XXX	6,331	6,066	6,157	7,585	7,633	6,893	6,747	6,343	6,326	(17)	(421)
4. 2008.....	XXX	XXX	4,711	4,333	5,887	6,480	5,848	5,010	4,972	4,940	(32)	(70)
5. 2009.....	XXX	XXX	XXX	3,907	3,526	3,472	3,280	4,054	2,862	2,630	(232)	(1,424)
6. 2010.....	XXX	XXX	XXX	XXX	4,027	3,595	5,252	5,177	5,696	5,705	9	528
7. 2011.....	XXX	XXX	XXX	XXX	XXX	1,741	1,499	1,050	1,057	2,104	1,047	1,054
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	1,925	1,966	2,000	1,624	(376)	(342)
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,933	1,865	1,553	(312)	(380)
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,378	1,244	(134)	XXX
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,542	XXX	XXX
12. Totals											(47)	(1,056)

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

1. Prior.....											0	0
2. 2006.....											0	0
3. 2007.....	XXX										0	0
4. 2008.....	XXX	XXX									0	0
5. 2009.....	XXX	XXX	XXX								0	0
6. 2010.....	XXX	XXX	XXX	XXX							0	0
7. 2011.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2015.....	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.....	929	1,409	1,117	994	957	925	819	816	816	816	0	0
2. 2006.....	355	271	313	300	362	274	202	200	199	305	106	105
3. 2007.....	XXX	406	226	170	258	216	81	76	75	304	229	228
4. 2008.....	XXX	XXX	579	220	207	354	183	133	129	128	(1)	(5)
5. 2009.....	XXX	XXX	XXX	328	287	201	120	45	42	365	323	320
6. 2010.....	XXX	XXX	XXX	XXX	758	472	340	104	119	260	141	156
7. 2011.....	XXX	XXX	XXX	XXX	XXX	372	334	161	217	305	88	144
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	225	174	114	16	(98)	(158)
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	192	168	160	(8)	(32)
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	199	167	(32)	XXX
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	343	XXX	XXX
12. Totals											748	758

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

1. Prior.....											0	0
2. 2006.....											0	0
3. 2007.....	XXX										0	0
4. 2008.....	XXX	XXX									0	0
5. 2009.....	XXX	XXX	XXX								0	0
6. 2010.....	XXX	XXX	XXX	XXX							0	0
7. 2011.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2015.....	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015		
1. Prior.....	.....000.....	.....5,269.....	.....11,747.....	.....13,012.....	.....16,250.....	.....21,112.....	.....23,997.....	.....24,495.....	.....25,465.....	.....25,536.....	.....89.....	.....134.....
2. 2006.....	.....7.....	.....70.....	.....391.....	.....635.....	.....1,192.....	.....2,929.....	.....3,728.....	.....4,059.....	.....4,060.....	.....4,060.....	.....18.....	.....40.....
3. 2007.....	.....XXX.....	.....38.....	.....97.....	.....261.....	.....425.....	.....1,310.....	.....2,109.....	.....2,193.....	.....2,452.....	.....2,332.....	.....14.....	.....35.....
4. 2008.....	.....XXX.....	.....XXX.....	.....4.....	.....163.....	.....715.....	.....1,023.....	.....2,424.....	.....2,608.....	.....2,913.....	.....2,977.....	.....27.....	.....50.....
5. 2009.....	.....XXX.....	.....XXX.....	.....XXX.....	.....5.....	.....20.....	.....66.....	.....309.....	.....565.....	.....645.....	.....619.....	.....3.....	.....45.....
6. 2010.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....3.....	.....23.....	.....53.....	.....197.....	.....279.....	.....322.....	.....2.....	.....33.....
7. 2011.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....14.....	.....224.....	.....523.....	.....2,684.....	.....2,762.....	.....6.....	.....28.....
8. 2012.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....49.....	.....76.....	.....106.....	.....213.....	.....1.....	.....29.....
9. 2013.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....27.....	.....151.....	.....1,007.....	.....2.....	.....22.....
10. 2014.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....19.....	.....1,019.....	.....1.....	.....16.....
11. 2015.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....29.....	.....1.....	.....1.....

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

1. Prior.....	.....000.....	.....1,193.....	.....2,727.....	.....3,794.....	.....5,903.....	.....6,406.....	.....6,458.....	.....6,459.....	.....6,459.....	.....6,459.....	.....14.....	.....41.....
2. 2006.....	.....38.....	.....222.....	.....577.....	.....1,780.....	.....2,000.....	.....2,018.....	.....2,030.....	.....2,711.....	.....2,711.....	.....2,711.....	.....6.....	.....13.....
3. 2007.....	.....XXX.....	.....90.....	.....676.....	.....1,950.....	.....2,647.....	.....4,376.....	.....5,840.....	.....6,271.....	.....6,251.....	.....6,281.....	.....17.....	.....94.....
4. 2008.....	.....XXX.....	.....XXX.....	.....23.....	.....557.....	.....628.....	.....1,736.....	.....3,183.....	.....4,338.....	.....4,770.....	.....4,773.....	.....16.....	.....59.....
5. 2009.....	.....XXX.....	.....XXX.....	.....XXX.....	.....35.....	.....115.....	.....243.....	.....448.....	.....1,724.....	.....2,036.....	.....2,178.....	.....7.....	.....19.....
6. 2010.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....16.....	.....419.....	.....1,090.....	.....1,207.....	.....2,275.....	.....2,397.....	.....7.....	.....20.....
7. 2011.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....5.....	.....184.....	.....357.....	.....390.....	.....434.....	.....3.....	.....8.....
8. 2012.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....49.....	.....131.....	.....353.....	.....639.....	.....2.....	.....13.....
9. 2013.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....20.....	.....37.....	.....176.....	.....1.....	.....23.....
10. 2014.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....3.....	.....21.....	.....1.....	.....6.....
11. 2015.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....42.....	.....1.....	.....1.....

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

1. Prior.....	.....000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....XXX.....	.....XXX.....
2. 2006.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....XXX.....	.....XXX.....
3. 2007.....	.....XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....XXX.....	.....XXX.....
4. 2008.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....XXX.....	.....XXX.....
5. 2009.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....	.....	.....	.....XXX.....	.....XXX.....
6. 2010.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....	.....	.....XXX.....	.....XXX.....
7. 2011.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....	.....XXX.....	.....XXX.....
8. 2012.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....XXX.....	.....XXX.....
9. 2013.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....XXX.....	.....XXX.....
10. 2014.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....XXX.....	.....XXX.....
11. 2015.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....XXX.....	.....XXX.....

**NONE**

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

1. Prior.....	.....000.....	.....324.....	.....666.....	.....704.....	.....736.....	.....737.....	.....816.....	.....816.....	.....816.....	.....816.....	.....18.....	.....9.....
2. 2006.....	.....2.....	.....31.....	.....61.....	.....99.....	.....122.....	.....198.....	.....199.....	.....199.....	.....199.....	.....208.....	.....10.....	.....7.....
3. 2007.....	.....XXX.....	.....	.....3.....	.....23.....	.....29.....	.....68.....	.....75.....	.....75.....	.....75.....	.....304.....	.....4.....	.....25.....
4. 2008.....	.....XXX.....	.....XXX.....	.....1.....	.....6.....	.....31.....	.....62.....	.....66.....	.....127.....	.....127.....	.....127.....	.....5.....	.....10.....
5. 2009.....	.....XXX.....	.....XXX.....	.....XXX.....	.....1.....	.....5.....	.....37.....	.....40.....	.....40.....	.....40.....	.....163.....	.....3.....	.....6.....
6. 2010.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....2.....	.....8.....	.....66.....	.....4.....	.....4.....
7. 2011.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....12.....	.....29.....	.....4.....	.....4.....
8. 2012.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....1.....	.....1.....	.....1.....	.....3.....	.....3.....
9. 2013.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....3.....	.....1.....	.....3.....
10. 2014.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....58.....	.....1.....	.....3.....
11. 2015.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....

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

1. Prior.....	.....000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2006.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2007.....	.....XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2008.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2009.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2010.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2011.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....	.....	.....
8. 2012.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....	.....
9. 2013.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....	.....
10. 2014.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....	.....
11. 2015.....	.....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
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	42,568	29,258	19,641	10,941	4,249	2,493	1,480	1,336	557	572
2. 2006.....	16,350	13,142	11,432	8,904	3,988	2,130	1,746	888	659	7
3. 2007.....	XXX	15,869	14,107	11,348	6,342	4,049	2,381	1,566	1,104	686
4. 2008.....	XXX	XXX	9,041	7,605	8,052	6,003	4,557	3,090	2,535	1,845
5. 2009.....	XXX	XXX	XXX	6,012	6,809	5,382	4,662	3,318	2,844	1,791
6. 2010.....	XXX	XXX	XXX	XXX	7,497	6,396	5,907	3,773	3,124	2,729
7. 2011.....	XXX	XXX	XXX	XXX	XXX	6,246	6,466	5,051	4,307	3,213
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	5,599	5,333	4,667	3,037
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,793	4,707	4,165
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,977	4,795
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,279

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

1. Prior.....	2,413	1,474	429	183	249	63	8			
2. 2006.....	2,109	1,318	1,076	626	359	141	17	1		
3. 2007.....	XXX	2,368	2,246	1,653	1,525	939	237	179	20	30
4. 2008.....	XXX	XXX	2,839	2,074	1,904	1,743	1,117	268	67	59
5. 2009.....	XXX	XXX	XXX	2,361	1,873	1,384	1,109	1,303	331	189
6. 2010.....	XXX	XXX	XXX	XXX	2,550	1,756	1,546	1,225	1,301	1,251
7. 2011.....	XXX	XXX	XXX	XXX	XXX	1,326	864	480	263	619
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	848	874	490	715
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,299	1,349	1,101
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,223	800
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	567

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

1. Prior.....										
2. 2006.....										
3. 2007.....	XXX									
4. 2008.....	XXX	XXX								
5. 2009.....	XXX	XXX	XXX							
6. 2010.....	XXX	XXX	XXX	XXX						
7. 2011.....	XXX	XXX	XXX	XXX	XXX					
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

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

1. Prior.....	179	98	68	34	52	20	3			
2. 2006.....	237	93	34	16	58	20	3	1		36
3. 2007.....	XXX	330	97	28	66	38	6	1		
4. 2008.....	XXX	XXX	539	152	91	102	32	6	2	1
5. 2009.....	XXX	XXX	XXX	285	204	112	80	5	2	74
6. 2010.....	XXX	XXX	XXX	XXX	752	447	315	98	15	71
7. 2011.....	XXX	XXX	XXX	XXX	XXX	366	334	161	42	105
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	120	73	113	15
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	141	118	60
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	99	109
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	143

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

1. Prior.....										
2. 2006.....										
3. 2007.....	XXX									
4. 2008.....	XXX	XXX								
5. 2009.....	XXX	XXX	XXX							
6. 2010.....	XXX	XXX	XXX	XXX						
7. 2011.....	XXX	XXX	XXX	XXX	XXX					
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior.....	34	25	32	10	10	5	12	3	3	
2. 2006.....		2	5	7	9	12	17	18	18	18
3. 2007.....	XXX		3	4	6	10	13	13	14	14
4. 2008.....	XXX	XXX		1	8	12	20	23	26	27
5. 2009.....	XXX	XXX	XXX		1	1	2	3	3	3
6. 2010.....	XXX	XXX	XXX	XXX		1	1	2	2	2
7. 2011.....	XXX	XXX	XXX	XXX	XXX		1	2	5	6
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1	2
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2015.....	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior.....	156	91	67	55	36	28	17	10	7	6
2. 2006.....	16	12	16	22	10	8	2	1	2	
3. 2007.....	XXX	15	14	21	23	15	13	10	7	7
4. 2008.....	XXX	XXX	35	45	30	23	18	9	5	3
5. 2009.....	XXX	XXX	XXX	22	12	5	10	9	7	4
6. 2010.....	XXX	XXX	XXX	XXX	17	6	8	7	5	4
7. 2011.....	XXX	XXX	XXX	XXX	XXX	13	11	13	11	8
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	19	8	10	15
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30	25	14
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25	12
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24

### SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior.....	34	34	16	10	3	4	2	1	1	
2. 2006.....	16	35	44	58	58	59	59	59	60	58
3. 2007.....	XXX	20	34	43	53	55	56	57	57	56
4. 2008.....	XXX	XXX	36	67	71	75	76	78	79	80
5. 2009.....	XXX	XXX	XXX	27	39	41	47	51	53	52
6. 2010.....	XXX	XXX	XXX	XXX	23	29	35	38	39	39
7. 2011.....	XXX	XXX	XXX	XXX	XXX	18	30	37	41	42
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	31	38	39	45
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32	35	38
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25	28
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25



**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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior.....	15	(2)	10	2	2	2	1			8
2. 2006.....			2	4	4	5	5	6	6	6
3. 2007.....	XXX		4	6	8	9	14	16	16	17
4. 2008.....	XXX	XXX	1	3	4	5	12	14	15	16
5. 2009.....	XXX	XXX	XXX		1	1	2	3	7	7
6. 2010.....	XXX	XXX	XXX	XXX		3	5	5	6	7
7. 2011.....	XXX	XXX	XXX	XXX	XXX		2	3	3	3
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX				2
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2015.....	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior.....	50	15	10	9	5	3	1			
2. 2006.....	15	12	7	3	3	1	1			
3. 2007.....	XXX	79	22	17	17	10	5	2	2	1
4. 2008.....	XXX	XXX	48	20	15	11	6	3	2	1
5. 2009.....	XXX	XXX	XXX	21	17	12	10	8	3	3
6. 2010.....	XXX	XXX	XXX	XXX	24	10	6	5	3	2
7. 2011.....	XXX	XXX	XXX	XXX	XXX	14	4	2	2	2
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	13	9	6	3
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	10	5
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14	9
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22

**SECTION 3B**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior.....	2	1	1	1						
2. 2006.....	15	19	19	19	19	19	19	19	19	19
3. 2007.....	XXX	93	112	112	114	112	112	112	112	112
4. 2008.....	XXX	XXX	74	76	76	76	76	76	76	76
5. 2009.....	XXX	XXX	XXX	29	29	29	29	29	29	29
6. 2010.....	XXX	XXX	XXX	XXX	29	30	30	30	30	29
7. 2011.....	XXX	XXX	XXX	XXX	XXX	15	13	13	13	13
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	17	18	18	18
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28	28	28
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	15
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22

**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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior.....	40	8	14	3	1		1			
2. 2006.....	1	6	7	7	4	9	10	10	10	10
3. 2007.....	XXX	1	1	2		3	3	3	3	4
4. 2008.....	XXX	XXX	1	2		3	4	5	5	5
5. 2009.....	XXX	XXX	XXX		1	3	3	3	3	3
6. 2010.....	XXX	XXX	XXX	XXX						
7. 2011.....	XXX	XXX	XXX	XXX	XXX					
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1
11. 2015.....	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior.....	25	12	8	4	1	1				
2. 2006.....	11	5	3	3	3	1				1
3. 2007.....	XXX	11	3	2	2	2				
4. 2008.....	XXX	XXX	9	1	2	2	1			
5. 2009.....	XXX	XXX	XXX	6	3	1				1
6. 2010.....	XXX	XXX	XXX	XXX	2	1	1	1	1	2
7. 2011.....	XXX	XXX	XXX	XXX	XXX	3			1	1
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	2	1		
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	3	1
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	
11. 2015.....	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior.....	10		1							
2. 2006.....	12	16	16	16	16	16	16	16	16	18
3. 2007.....	XXX	20	25	26	27	27	28	28	28	29
4. 2008.....	XXX	XXX	16	15	15	15	15	15	15	15
5. 2009.....	XXX	XXX	XXX	8	9	9	9	9	9	10
6. 2010.....	XXX	XXX	XXX	XXX	2	2	2	4	5	6
7. 2011.....	XXX	XXX	XXX	XXX	XXX	4	4	4	5	5
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	2	2	3	3
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4	4
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5

**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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	
1. Prior.....											.0
2. 2006.....											.0
3. 2007.....	.XXX										.0
4. 2008.....	.XXX	.XXX									.0
5. 2009.....	.XXX	.XXX	.XXX								.0
6. 2010.....	.XXX	.XXX	.XXX	.XXX							.0
7. 2011.....	.XXX	.XXX	.XXX	.XXX	.XXX						.0
8. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX					.0
9. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				.0
10. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			.0
11. 2015.....	.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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	
1. Prior.....											.0
2. 2006.....											.0
3. 2007.....	.XXX										.0
4. 2008.....	.XXX	.XXX									.0
5. 2009.....	.XXX	.XXX	.XXX								.0
6. 2010.....	.XXX	.XXX	.XXX	.XXX							.0
7. 2011.....	.XXX	.XXX	.XXX	.XXX	.XXX						.0
8. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX					.0
9. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				.0
10. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			.0
11. 2015.....	.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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	
1. Prior.....											.0
2. 2006.....	.263	.263	.263	.263	.263	.263	.263	.263	.263	.263	.263
3. 2007.....	.XXX	.369	.369	.369	.369	.369	.369	.369	.369	.369	.369
4. 2008.....	.XXX	.XXX	.999	.999	.999	.999	.999	.999	.999	.999	.999
5. 2009.....	.XXX	.XXX	.XXX	.925	.925	.925	.925	.925	.925	.925	.925
6. 2010.....	.XXX	.XXX	.XXX	.XXX	.942	.942	.942	.942	.942	.942	.942
7. 2011.....	.XXX	.XXX	.XXX	.XXX	.XXX	.507	.507	.507	.507	.507	.507
8. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.428	.428	.428	.428	.428
9. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.406	.406	.406	.406
10. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.318	.318	.318
11. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.353	.353
12. Total.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.353
13. Earned Prems.(P-Pt 1)	.263	.369	.999	.925	.942	.507	.428	.406	.318	.353	.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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	
1. Prior.....											.0
2. 2006.....											.0
3. 2007.....	.XXX										.0
4. 2008.....	.XXX	.XXX									.0
5. 2009.....	.XXX	.XXX	.XXX								.0
6. 2010.....	.XXX	.XXX	.XXX	.XXX							.0
7. 2011.....	.XXX	.XXX	.XXX	.XXX	.XXX						.0
8. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX					.0
9. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				.0
10. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			.0
11. 2015.....	.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.....			.00			0.0
2. Private passenger auto liability/medical.....			.00			0.0
3. Commercial auto/truck liability/medical.....			.00			0.0
4. Workers' compensation.....			.00			0.0
5. Commercial multiple peril.....			.00			0.0
6. Medical professional liability - occurrence.....	41,947		.00	1,770		0.0
7. Medical professional liability - claims-made.....	11,319		.00	554		0.0
8. Special liability.....			.00			0.0
9. Other liability - occurrence.....	1,468		.00	353		0.0
10. Other liability - claims-made.....			.00			0.0
11. Special property.....			.00			0.0
12. Auto physical damage.....			.00			0.0
13. Fidelity/surety.....			.00			0.0
14. Other.....			.00			0.0
15. International.....			.00			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.....			.00			0.0
20. Products liability - claims-made.....			.00			0.0
21. Financial guaranty/mortgage guaranty.....			.00			0.0
22. Warranty.....			.00			0.0
23. Totals.....	54,734	0	0.0	2,678	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior.....										
2. 2006.....										
3. 2007.....	XXX									
4. 2008.....	XXX	XXX								
5. 2009.....	XXX	XXX	XXX							
6. 2010.....	XXX	XXX	XXX	XXX						
7. 2011.....	XXX	XXX	XXX	XXX	XXX					
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2015.....	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior.....										
2. 2006.....										
3. 2007.....	XXX									
4. 2008.....	XXX	XXX								
5. 2009.....	XXX	XXX	XXX							
6. 2010.....	XXX	XXX	XXX	XXX						
7. 2011.....	XXX	XXX	XXX	XXX	XXX					
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2015.....	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior.....										
2. 2006.....										
3. 2007.....	XXX									
4. 2008.....	XXX	XXX								
5. 2009.....	XXX	XXX	XXX							
6. 2010.....	XXX	XXX	XXX	XXX						
7. 2011.....	XXX	XXX	XXX	XXX	XXX					
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2015.....	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior.....										
2. 2006.....										
3. 2007.....	XXX									
4. 2008.....	XXX	XXX								
5. 2009.....	XXX	XXX	XXX							
6. 2010.....	XXX	XXX	XXX	XXX						
7. 2011.....	XXX	XXX	XXX	XXX	XXX					
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2015.....	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.....	41,947		0.0	1,770		0.0
7. Medical professional liability - claims-made.....	11,319		0.0	554		0.0
8. Special liability.....			0.0			0.0
9. Other liability - occurrence.....	1,468		0.0	353		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	54,734	0	0.0	2,678	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior.....										
2. 2006.....										
3. 2007.....	XXX									
4. 2008.....	XXX	XXX								
5. 2009.....	XXX	XXX	XXX							
6. 2010.....	XXX	XXX	XXX	XXX						
7. 2011.....	XXX	XXX	XXX	XXX	XXX					
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2015.....	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior.....										
2. 2006.....										
3. 2007.....	XXX									
4. 2008.....	XXX	XXX								
5. 2009.....	XXX	XXX	XXX							
6. 2010.....	XXX	XXX	XXX	XXX						
7. 2011.....	XXX	XXX	XXX	XXX	XXX					
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2015.....	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior.....										
2. 2006.....										
3. 2007.....	.XXX									
4. 2008.....	.XXX	.XXX								
5. 2009.....	.XXX	.XXX	.XXX							
6. 2010.....	.XXX	.XXX	.XXX	.XXX						
7. 2011.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2015.....	.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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior.....										
2. 2006.....										
3. 2007.....	.XXX									
4. 2008.....	.XXX	.XXX								
5. 2009.....	.XXX	.XXX	.XXX							
6. 2010.....	.XXX	.XXX	.XXX	.XXX						
7. 2011.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2015.....	.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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior.....										
2. 2006.....										
3. 2007.....	.XXX									
4. 2008.....	.XXX	.XXX								
5. 2009.....	.XXX	.XXX	.XXX							
6. 2010.....	.XXX	.XXX	.XXX	.XXX						
7. 2011.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2015.....	.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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior.....										
2. 2006.....										
3. 2007.....	.XXX									
4. 2008.....	.XXX	.XXX								
5. 2009.....	.XXX	.XXX	.XXX							
6. 2010.....	.XXX	.XXX	.XXX	.XXX						
7. 2011.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2015.....	.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)? \$.....1,173,547
- 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	2006.....	.....	.....
1.603	2007.....	.....	.....
1.604	2008.....	.....	.....
1.605	2009.....	.....	.....
1.606	2010.....	.....	.....
1.607	2011.....	.....	.....
1.608	2012.....	.....	.....
1.609	2013.....	.....	.....
1.610	2014.....	.....	.....
1.611	2015.....	.....	.....
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					6 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

**NONE**

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

**Sch. Y - Pt. 2**  
**NONE**

Annual Statement for the year 2015 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**

	<b>Responses</b>
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 Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
--	-----

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

**MARCH FILING**

12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?	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 partners 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

**APRIL FILING**

28. Will the Credit Insurance Experience Exhibit be filed with state of domicile and the NAIC by April 1?	NO
29. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
30. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
31. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
32. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
33. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	NO

**AUGUST FILING**

34. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	<u>SEE EXPLANATION</u>
--	------------------------

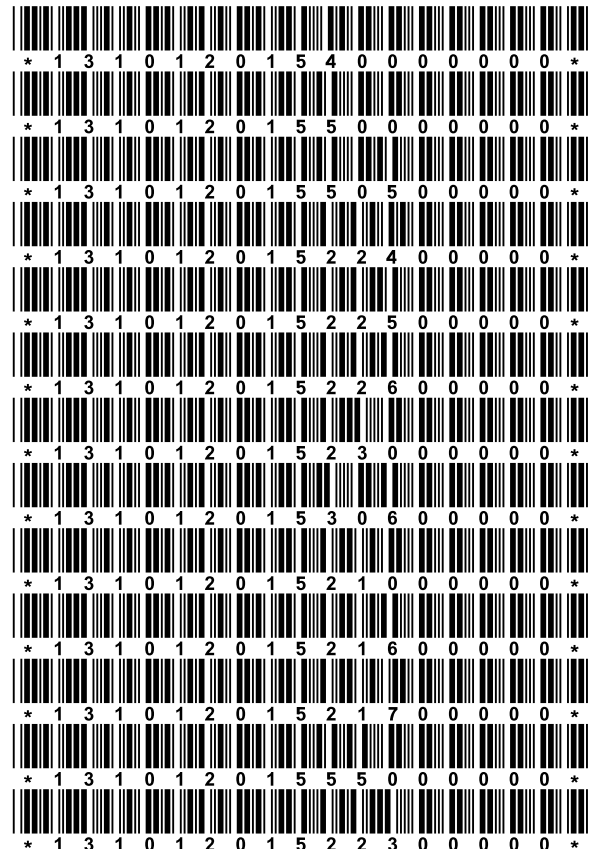
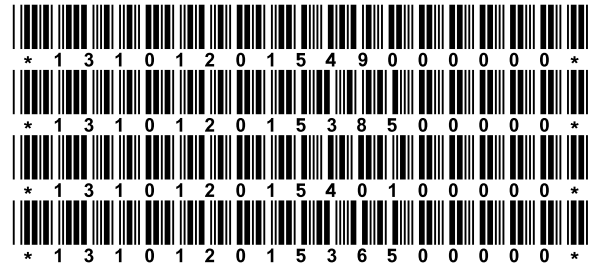
Annual Statement for the year 2015 of the **Medical Malpractice Joint Underwriting Association of Rhode Island**  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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.

**EXPLANATIONS:**

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



Annual Statement for the year 2015 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.....		3,565		3,565
2405. Other expense.....		58,182		58,182
2497. Summary of remaining write-ins for Line 24.....	0	61,747	0	61,747

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	1,911,746	2,017,003	1,406,490	9	200,109	11,190,022	38	20,641,941
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.....	1,911,746	2,017,003	1,406,490	9	200,109	11,190,022	38	20,641,941

**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	412,865	381,249	775,000	3	707,095	4,725,000	19	4,150,989
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.....	412,865	381,249	775,000	3	707,095	4,725,000	19	4,150,989

**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, 2015

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.....	151,922,959		151,922,959
A02. Liabilities.....	59,122,707		59,122,707
A03. Surplus as regards to policyholders.....	92,800,252		92,800,252
A04. Income before taxes.....	2,688,438		2,688,438

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.

---

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