



# ANNUAL STATEMENT

For the Year Ended December 31, 2017  
of the Condition and Affairs of the

## Medical Malpractice Joint Underwriting Association of Rhode Island

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

### OFFICERS

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

### OTHER

### DIRECTORS OR TRUSTEES

Daniel Wright	Molly Flanagan #	James Pascalides DPM	Robert Suglia
Earl Cottam Jr.	Timothy Knapp	Don Baldini	Larry Alan
Barbara M Cavicchio DDS	Newell Warde #		

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

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

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

Subscribed and sworn to before me  
This 6 day of February 2018

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 \_\_\_\_\_

CAROL MUNIZ  
NOTARY PUBLIC  
State of Connecticut  
My Commission Expires  
July 31 2019  
Larry Alan only



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Barbara M Cavicchio DDS	Newell Warde #		

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

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

Subscribed and sworn to before me  
This 26<sup>th</sup> day of February 2018

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 \_\_\_\_\_



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

Subscribed and sworn to before me  
This 23<sup>rd</sup> day of January 2018  
Jacqueline K. Plante

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

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

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**



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

BUSINESS IN GRAND TOTAL DURING THE YEAR

19

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....	1,541,208	1,557,078		1,846,557	2,700,592	(4,804,087)	28,012,174	848,006	(854,659)	6,978,203	59,621	120,580
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancelable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....	188,721	219,311		40,117	170,000	184,946	1,027,486	105,127	91,468	245,969	7,369	14,903
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).....	1,729,929	1,776,389	0	1,886,674	2,870,592	(4,619,141)	29,039,660	953,133	(763,191)	7,224,172	66,990	135,483

**DETAILS OF WRITE-INS**

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

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

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

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**



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

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
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**DETAILS OF WRITE-INS**

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

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

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

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

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

### 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 Special Code	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 through 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers				
<b>Authorized Affiliates-Other (Non-U.S.) - Captives</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-1120098	.....	Lloyd'S Syndicate Number 3624.....	GBR.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
AA-1120158	.....	Lloyd'S Syndicate Number 2014.....	GBR.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
AA-0051778	.....	Aspen Re CO Ltd.....	TCA.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
AA-1780104	.....	Ironshore Europe Ltd.....	IRL.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
0599999	Total Authorized Affiliates - Other (Non-U.S.) - Captives.....				.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0799999	Total Authorized Affiliates - Other (Non-U.S.) - Total.....				.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0899999	Total Authorized Affiliates.....				.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Authorized Other U.S. Unaffiliated Insurers</b>																				
86-0528184	17370...	Nautilus Insurance Company.....	AZ.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
0999999	Total Authorized Other U.S. Unaffiliated Insurers.....				.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1399999	Total Authorized.....				.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4099999	Total Authorized, Unauthorized and Certified.....				.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9999999	Totals.....				.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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).....	.....	.....

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).....	150,779,672		150,779,672
2. Premiums and considerations (Line 15).....	158,876		158,876
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....			0
4. Funds held by or deposited with reinsured companies (Line 16.2).....			0
5. Other assets.....	1,386,123		1,386,123
6. Net amount recoverable from reinsurers.....			0
7. Protected cell assets (Line 27).....			0
8. Totals (Line 28).....	152,324,671	0	152,324,671
<b>LIABILITIES (Page 3)</b>			
9. Losses and loss adjustment expenses (Lines 1 through 3).....	39,259,417		39,259,417
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	1,077,408		1,077,408
11. Unearned premiums (Line 9).....	1,886,674		1,886,674
12. Advance premiums (Line 10).....	118,450		118,450
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).....	1,712,443		1,712,443
17. Provision for reinsurance (Line 16).....			0
18. Other liabilities.....	3,247		3,247
19. Total liabilities excluding protected cell business (Line 26).....	44,057,639	0	44,057,639
20. Protected cell liabilities (Line 27).....			0
21. Surplus as regards policyholders (Line 37).....	108,267,032	.XXX	108,267,032
22. Totals (Line 38).....	152,324,671	0	152,324,671

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:

---



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**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.....	209.....	.....	43.....	.....	13.....	.....	.....	265.....	XXX.....
2. 2008.....	4,501.....	.....	4,501.....	2,297.....	.....	739.....	.....	406.....	.....	.....	3,442.....	80.....
3. 2009.....	2,856.....	.....	2,856.....	404.....	.....	342.....	.....	269.....	.....	.....	1,015.....	53.....
4. 2010.....	2,754.....	.....	2,754.....	230.....	.....	284.....	.....	221.....	.....	.....	735.....	39.....
5. 2011.....	2,301.....	.....	2,301.....	2,511.....	.....	390.....	.....	216.....	.....	.....	3,117.....	42.....
6. 2012.....	2,264.....	.....	2,264.....	766.....	.....	384.....	.....	216.....	.....	.....	1,366.....	44.....
7. 2013.....	2,140.....	.....	2,140.....	1,310.....	.....	402.....	.....	244.....	.....	.....	1,956.....	41.....
8. 2014.....	2,023.....	.....	2,023.....	950.....	.....	147.....	.....	182.....	.....	.....	1,279.....	30.....
9. 2015.....	1,815.....	.....	1,815.....	47.....	.....	109.....	.....	209.....	.....	.....	365.....	35.....
10. 2016.....	1,489.....	.....	1,489.....	.....	.....	65.....	.....	114.....	.....	.....	179.....	20.....
11. 2017.....	1,046.....	.....	1,046.....	.....	.....	1.....	.....	21.....	.....	.....	22.....	4.....
12. Totals.....	XXX.....	XXX.....	XXX.....	8,724.....	0.....	2,906.....	0.....	2,111.....	0.....	0.....	13,741.....	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.....	4,368.....	.....	249.....	.....	11.....	.....	11.....	.....	234.....	.....	.....	4,873.....	4.....
2. 2008.....	150.....	.....	446.....	.....	44.....	.....	98.....	.....	64.....	.....	.....	802.....	2.....
3. 2009.....	150.....	.....	425.....	.....	39.....	.....	105.....	.....	62.....	.....	.....	781.....	4.....
4. 2010.....	.....	.....	612.....	.....	13.....	.....	544.....	.....	116.....	.....	.....	1,285.....	1.....
5. 2011.....	1,058.....	.....	1,126.....	.....	124.....	.....	296.....	.....	198.....	.....	.....	2,802.....	6.....
6. 2012.....	800.....	.....	1,216.....	.....	60.....	.....	521.....	.....	215.....	.....	.....	2,812.....	8.....
7. 2013.....	450.....	.....	2,003.....	.....	93.....	.....	754.....	.....	301.....	.....	.....	3,601.....	9.....
8. 2014.....	500.....	.....	2,114.....	.....	100.....	.....	769.....	.....	317.....	.....	.....	3,800.....	10.....
9. 2015.....	685.....	.....	2,659.....	.....	72.....	.....	828.....	.....	385.....	.....	.....	4,629.....	18.....
10. 2016.....	100.....	.....	2,659.....	.....	51.....	.....	721.....	.....	345.....	.....	.....	3,876.....	16.....
11. 2017.....	.....	.....	1,785.....	.....	10.....	.....	555.....	.....	234.....	.....	.....	2,584.....	4.....
12. Totals.....	8,261.....	0.....	15,294.....	0.....	617.....	0.....	5,202.....	0.....	2,471.....	0.....	0.....	31,845.....	82.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	XXX.....	4,617.....	256.....
2. 2008.....	4,244.....	0.....	4,244.....	94.3.....	0.0.....	94.3.....	.....	.....	.....	596.....	206.....
3. 2009.....	1,796.....	0.....	1,796.....	62.9.....	0.0.....	62.9.....	.....	.....	.....	575.....	206.....
4. 2010.....	2,020.....	0.....	2,020.....	73.3.....	0.0.....	73.3.....	.....	.....	.....	612.....	673.....
5. 2011.....	5,919.....	0.....	5,919.....	257.2.....	0.0.....	257.2.....	.....	.....	.....	2,184.....	618.....
6. 2012.....	4,178.....	0.....	4,178.....	184.5.....	0.0.....	184.5.....	.....	.....	.....	2,016.....	796.....
7. 2013.....	5,557.....	0.....	5,557.....	259.7.....	0.0.....	259.7.....	.....	.....	.....	2,453.....	1,148.....
8. 2014.....	5,079.....	0.....	5,079.....	251.1.....	0.0.....	251.1.....	.....	.....	.....	2,614.....	1,186.....
9. 2015.....	4,994.....	0.....	4,994.....	275.2.....	0.0.....	275.2.....	.....	.....	.....	3,344.....	1,285.....
10. 2016.....	4,055.....	0.....	4,055.....	272.3.....	0.0.....	272.3.....	.....	.....	.....	2,759.....	1,117.....
11. 2017.....	2,606.....	0.....	2,606.....	249.1.....	0.0.....	249.1.....	.....	.....	.....	1,785.....	799.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	23,555.....	8,290.....

**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. 2008.....	2,947.....		2,947.....	4,302.....		511.....		183.....			4,996.....	76.....
3. 2009.....	1,983.....		1,983.....	1,437.....		819.....		291.....			2,547.....	29.....
4. 2010.....	1,781.....		1,781.....	3,588.....		623.....		183.....			4,394.....	29.....
5. 2011.....	726.....		726.....	1,188.....		177.....		117.....			1,482.....	13.....
6. 2012.....	541.....		541.....	1,350.....		291.....		97.....			1,738.....	18.....
7. 2013.....	597.....		597.....	200.....		79.....		133.....			412.....	28.....
8. 2014.....	481.....		481.....			102.....		131.....			233.....	15.....
9. 2015.....	583.....		583.....	700.....		226.....		129.....			1,055.....	22.....
10. 2016.....	583.....		583.....	50.....		176.....		108.....			334.....	18.....
11. 2017.....	511.....		511.....			11.....		41.....			52.....	8.....
12. Totals.....	XXX.....	XXX.....	XXX.....	12,815.....	0.....	3,015.....	0.....	1,413.....	0.....	0.....	17,243.....	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. 2008.....												0	
3. 2009.....	50.....		29.....		6.....		8.....		6.....			99.....	1.....
4. 2010.....												0	1.....
5. 2011.....	100.....		58.....		12.....		3.....		11.....			184.....	1.....
6. 2012.....					1.....		23.....		2.....			26.....	2.....
7. 2013.....			381.....		27.....		158.....		55.....			621.....	2.....
8. 2014.....	1,000.....		391.....		44.....		78.....		97.....			1,610.....	4.....
9. 2015.....	535.....		279.....		177.....		135.....		75.....			1,201.....	14.....
10. 2016.....	480.....		677.....		54.....		218.....		115.....			1,544.....	13.....
11. 2017.....			479.....		35.....		180.....		68.....			762.....	8.....
12. Totals.....	2,165.....	0.....	2,294.....	0.....	356.....	0.....	803.....	0.....	429.....	0.....	0.....	6,047.....	46.....

	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
2. 2008.....	4,996.....	0.....	4,996.....	169.5.....	0.0.....	169.5.....			0	0	
3. 2009.....	2,646.....	0.....	2,646.....	133.4.....	0.0.....	133.4.....			79	20	
4. 2010.....	4,394.....	0.....	4,394.....	246.7.....	0.0.....	246.7.....			0	0	
5. 2011.....	1,666.....	0.....	1,666.....	229.5.....	0.0.....	229.5.....			158	26	
6. 2012.....	1,764.....	0.....	1,764.....	326.1.....	0.0.....	326.1.....			0	26	
7. 2013.....	1,033.....	0.....	1,033.....	173.0.....	0.0.....	173.0.....			381	240	
8. 2014.....	1,843.....	0.....	1,843.....	383.2.....	0.0.....	383.2.....			1,391	219	
9. 2015.....	2,256.....	0.....	2,256.....	387.0.....	0.0.....	387.0.....			814	387	
10. 2016.....	1,878.....	0.....	1,878.....	322.1.....	0.0.....	322.1.....			1,157	387	
11. 2017.....	814.....	0.....	814.....	159.3.....	0.0.....	159.3.....			479	283	
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	4,459.....	1,588.....

**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. 2008.....			0								0	XXX
3. 2009.....			0								0	XXX
4. 2010.....			0								0	XXX
5. 2011.....			0								0	XXX
6. 2012.....			0								0	XXX
7. 2013.....			0								0	XXX
8. 2014.....			0								0	XXX
9. 2015.....			0								0	XXX
10. 2016.....			0								0	XXX
11. 2017.....			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. 2008.....											0		
3. 2009.....											0		
4. 2010.....											0		
5. 2011.....											0		
6. 2012.....											0		
7. 2013.....											0		
8. 2014.....											0		
9. 2015.....											0		
10. 2016.....											0		
11. 2017.....											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. 2008.	0	0	0	0.0	0.0	0.0				0	0
3. 2009.	0	0	0	0.0	0.0	0.0				0	0
4. 2010.	0	0	0	0.0	0.0	0.0				0	0
5. 2011.	0	0	0	0.0	0.0	0.0				0	0
6. 2012.	0	0	0	0.0	0.0	0.0				0	0
7. 2013.	0	0	0	0.0	0.0	0.0				0	0
8. 2014.	0	0	0	0.0	0.0	0.0				0	0
9. 2015.	0	0	0	0.0	0.0	0.0				0	0
10. 2016.	0	0	0	0.0	0.0	0.0				0	0
11. 2017.	0	0	0	0.0	0.0	0.0				0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....					7.....			7.....	XXX.....
2. 2008.....	999.....		999.....	85.....		42.....		16.....			143.....	15.....
3. 2009.....	925.....		925.....	21.....		177.....		32.....			230.....	10.....
4. 2010.....	942.....		942.....			118.....		34.....			152.....	6.....
5. 2011.....	507.....		507.....			48.....		31.....			79.....	5.....
6. 2012.....	428.....		428.....	170.....		40.....		24.....			234.....	4.....
7. 2013.....	406.....		406.....			15.....		22.....			37.....	4.....
8. 2014.....	318.....		318.....	58.....				20.....			78.....	4.....
9. 2015.....	353.....		353.....	54.....		7.....		34.....			95.....	5.....
10. 2016.....	266.....		266.....								0.....	
11. 2017.....	219.....		219.....					10.....			10.....	2.....
12. Totals.....	XXX.....	XXX.....	XXX.....	388.....	0.....	447.....	0.....	230.....	0.....	0.....	1,065.....	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.....	25.....		1.....		50.....		3.....		4.....			83.....	1.....
2. 2008.....												0.....	
3. 2009.....	125.....		86.....		43.....		11.....		18.....			283.....	1.....
4. 2010.....	35.....		32.....		29.....		5.....		7.....			108.....	1.....
5. 2011.....	150.....		80.....		2.....		8.....		16.....			256.....	1.....
6. 2012.....			5.....		11.....		1.....		1.....			18.....	1.....
7. 2013.....			37.....				4.....		4.....			45.....	
8. 2014.....			31.....				3.....		3.....			37.....	
9. 2015.....	75.....		113.....		42.....		14.....		18.....			262.....	1.....
10. 2016.....			126.....				13.....		14.....			153.....	
11. 2017.....	29.....		76.....				7.....		10.....			122.....	2.....
12. Totals.....	439.....	0.....	587.....	0.....	177.....	0.....	69.....	0.....	95.....	0.....	0.....	1,367.....	8.....

	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.....	26.....	57.....
2. 2008.....	143.....	0.....	143.....	14.3.....	0.0.....	14.3.....				0.....	0.....
3. 2009.....	513.....	0.....	513.....	55.5.....	0.0.....	55.5.....				211.....	72.....
4. 2010.....	260.....	0.....	260.....	27.6.....	0.0.....	27.6.....				67.....	41.....
5. 2011.....	335.....	0.....	335.....	66.1.....	0.0.....	66.1.....				230.....	26.....
6. 2012.....	252.....	0.....	252.....	58.9.....	0.0.....	58.9.....				5.....	13.....
7. 2013.....	82.....	0.....	82.....	20.2.....	0.0.....	20.2.....				37.....	8.....
8. 2014.....	115.....	0.....	115.....	36.2.....	0.0.....	36.2.....				31.....	6.....
9. 2015.....	357.....	0.....	357.....	101.1.....	0.0.....	101.1.....				188.....	74.....
10. 2016.....	153.....	0.....	153.....	57.5.....	0.0.....	57.5.....				126.....	27.....
11. 2017.....	132.....	0.....	132.....	60.3.....	0.0.....	60.3.....				105.....	17.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	1,026.....	341.....

**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
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	One Year	Two Year
1. Prior.....	57,770	45,651	34,575	30,779	28,457	30,570	28,691	26,956	25,556	24,623	(933)	(2,333)
2. 2008.....	9,622	10,438	11,560	10,344	8,788	6,937	5,677	5,014	4,257	3,774	(483)	(1,240)
3. 2009.....	XXX	6,179	7,500	5,917	6,180	5,102	4,344	3,116	2,323	1,465	(858)	(1,651)
4. 2010.....	XXX	XXX	7,802	6,616	6,277	4,784	4,282	3,860	2,620	1,683	(937)	(2,177)
5. 2011.....	XXX	XXX	XXX	6,507	8,129	8,732	7,979	7,296	6,260	5,505	(755)	(1,791)
6. 2012.....	XXX	XXX	XXX	XXX	5,959	6,014	5,724	5,343	4,742	3,747	(995)	(1,596)
7. 2013.....	XXX	XXX	XXX	XXX	XXX	5,490	5,773	6,103	5,951	5,012	(939)	(1,091)
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	5,490	5,916	5,540	4,580	(960)	(1,336)
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,509	4,488	4,400	(88)	(109)
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,683	3,596	(87)	XXX
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,351	XXX	XXX
12. Totals											(7,035)	(13,324)

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

1. Prior.....	10,936	12,415	13,159	12,966	11,805	11,938	11,533	11,516	11,459	11,459	0	(57)
2. 2008.....	4,711	4,333	5,887	6,480	5,848	5,010	4,972	4,940	4,818	4,813	(5)	(127)
3. 2009.....	XXX	3,907	3,526	3,472	3,280	4,054	2,862	2,630	2,324	2,349	25	(281)
4. 2010.....	XXX	XXX	4,027	3,595	5,252	5,177	5,696	5,705	4,779	4,211	(568)	(1,494)
5. 2011.....	XXX	XXX	XXX	1,741	1,499	1,050	1,057	2,104	1,571	1,538	(33)	(566)
6. 2012.....	XXX	XXX	XXX	XXX	1,925	1,966	2,000	1,624	1,755	1,665	(90)	41
7. 2013.....	XXX	XXX	XXX	XXX	XXX	1,933	1,865	1,553	1,184	845	(339)	(708)
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	1,378	1,244	2,122	1,615	(507)	371
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,542	1,883	2,052	169	510
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,984	1,655	(329)	XXX
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	705	XXX	XXX
12. Totals											(1,677)	(2,311)

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

1. Prior.....											0	0
2. 2008.....											0	0
3. 2009.....	XXX										0	0
4. 2010.....	XXX	XXX									0	0
5. 2011.....	XXX	XXX	XXX								0	0
6. 2012.....	XXX	XXX	XXX	XXX							0	0
7. 2013.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2017.....	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.....	926	734	847	685	372	362	360	695	663	679	16	(16)
2. 2008.....	579	220	207	354	183	133	129	128	127	127	0	(1)
3. 2009.....	XXX	328	287	201	120	45	42	365	354	463	109	98
4. 2010.....	XXX	XXX	758	472	340	104	119	260	250	219	(31)	(41)
5. 2011.....	XXX	XXX	XXX	372	334	161	217	305	290	288	(2)	(17)
6. 2012.....	XXX	XXX	XXX	XXX	225	174	114	16	6	227	221	211
7. 2013.....	XXX	XXX	XXX	XXX	XXX	192	168	160	139	56	(83)	(104)
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	199	167	126	92	(34)	(75)
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	343	336	305	(31)	(38)
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	140	139	(1)	XXX
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	112	XXX	XXX
12. Totals											164	17

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

1. Prior.....											0	0
2. 2008.....											0	0
3. 2009.....	XXX										0	0
4. 2010.....	XXX	XXX									0	0
5. 2011.....	XXX	XXX	XXX								0	0
6. 2012.....	XXX	XXX	XXX	XXX							0	0
7. 2013.....	XXX	XXX	XXX	XXX	XXX						0	0
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX					0	0
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0	0
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	XXX
11. 2017.....	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017		
1. Prior.....	000	1,673	5,632	13,116	17,599	18,512	19,742	19,693	19,732	19,984	67	90
2. 2008.....	4	163	715	1,023	2,424	2,608	2,913	2,977	3,000	3,036	27	51
3. 2009.....	XXX	5	20	66	309	565	645	619	654	746	4	45
4. 2010.....	XXX	XXX	3	23	53	197	279	322	361	514	2	36
5. 2011.....	XXX	XXX	XXX	14	224	523	2,684	2,762	2,816	2,901	6	30
6. 2012.....	XXX	XXX	XXX	XXX	49	76	106	213	1,139	1,150	3	33
7. 2013.....	XXX	XXX	XXX	XXX	XXX	27	151	1,007	1,128	1,712	5	27
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	19	1,019	1,041	1,097		20
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29	100	156	2	15
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	65		4
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1		

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

1. Prior.....	000	3,544	6,570	8,820	10,348	11,461	11,441	11,471	11,459	11,459	24	21
2. 2008.....	23	557	628	1,736	3,183	4,338	4,770	4,773	4,813	4,813	17	59
3. 2009.....	XXX	35	115	243	448	1,724	2,036	2,178	2,182	2,256	8	20
4. 2010.....	XXX	XXX	16	419	1,090	1,207	2,275	2,397	3,194	4,211	8	20
5. 2011.....	XXX	XXX	XXX	5	184	357	390	434	1,350	1,365	4	8
6. 2012.....	XXX	XXX	XXX	XXX	49	131	353	639	1,638	1,641	3	13
7. 2013.....	XXX	XXX	XXX	XXX	XXX	20	37	176	189	279	1	25
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	3	21	73	102		11
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	42	141	926		8
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	72	226	1	4
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11		

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

1. Prior.....	000										XXX	XXX
2. 2008.....											XXX	XXX
3. 2009.....	XXX										XXX	XXX
4. 2010.....	XXX	XXX									XXX	XXX
5. 2011.....	XXX	XXX	XXX								XXX	XXX
6. 2012.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2013.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**NONE**

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

1. Prior.....	000	96	157	273	360	360	360	598	600	600	12	9
2. 2008.....	1	6	31	62	66	127	127	127	127	127	5	10
3. 2009.....	XXX	1	5	37	40	40	40	163	179	198	3	6
4. 2010.....	XXX	XXX				2	8	66	84	118		5
5. 2011.....	XXX	XXX	XXX				12	29	42	48		4
6. 2012.....	XXX	XXX	XXX	XXX		1	1	1	1	210		3
7. 2013.....	XXX	XXX	XXX	XXX	XXX			3	14	15		4
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX		58	58	58	1	3
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		54	61	2	2
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior.....	000											
2. 2008.....												
3. 2009.....	XXX											
4. 2010.....	XXX	XXX										
5. 2011.....	XXX	XXX	XXX									
6. 2012.....	XXX	XXX	XXX	XXX								
7. 2013.....	XXX	XXX	XXX	XXX	XXX							
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2017.....	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
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior.....	45,180	31,193	14,579	8,672	5,607	3,790	2,320	1,265	681	260
2. 2008.....	9,041	7,605	8,052	6,003	4,557	3,090	2,535	1,845	1,027	544
3. 2009.....	XXX	6,012	6,809	5,382	4,662	3,318	2,844	1,791	1,041	530
4. 2010.....	XXX	XXX	7,497	6,396	5,907	3,773	3,124	2,729	2,090	1,156
5. 2011.....	XXX	XXX	XXX	6,246	6,466	5,051	4,307	3,213	2,183	1,422
6. 2012.....	XXX	XXX	XXX	XXX	5,599	5,333	4,667	3,037	2,426	1,737
7. 2013.....	XXX	XXX	XXX	XXX	XXX	4,793	4,707	4,165	3,510	2,757
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	4,977	4,795	4,235	2,883
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,279	3,768	3,487
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,621	3,380
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,340

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

1. Prior.....	3,751	2,462	2,133	1,143	262	180	20	30		
2. 2008.....	2,839	2,074	1,904	1,743	1,117	268	67	59	1	
3. 2009.....	XXX	2,361	1,873	1,384	1,109	1,303	331	189	44	37
4. 2010.....	XXX	XXX	2,550	1,756	1,546	1,225	1,301	1,251	580	
5. 2011.....	XXX	XXX	XXX	1,326	864	480	263	619	87	61
6. 2012.....	XXX	XXX	XXX	XXX	848	874	490	715	71	23
7. 2013.....	XXX	XXX	XXX	XXX	XXX	1,299	1,349	1,101	788	539
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	1,223	800	891	469
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	567	795	414
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,054	895
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	659

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

1. Prior.....										
2. 2008.....										
3. 2009.....	XXX									
4. 2010.....	XXX	XXX								
5. 2011.....	XXX	XXX	XXX							
6. 2012.....	XXX	XXX	XXX	XXX						
7. 2013.....	XXX	XXX	XXX	XXX	XXX					
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

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

1. Prior.....	199	78	176	78	12	2		36	23	4
2. 2008.....	539	152	91	102	32	6	2	1		
3. 2009.....	XXX	285	204	112	80	5	2	74	64	97
4. 2010.....	XXX	XXX	752	447	315	98	15	71	61	37
5. 2011.....	XXX	XXX	XXX	366	334	161	42	105	90	88
6. 2012.....	XXX	XXX	XXX	XXX	120	73	113	15	5	6
7. 2013.....	XXX	XXX	XXX	XXX	XXX	141	118	60	39	41
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	99	109	68	34
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	143	182	127
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	140	139
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	83

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

1. Prior.....										
2. 2008.....										
3. 2009.....	XXX									
4. 2010.....	XXX	XXX								
5. 2011.....	XXX	XXX	XXX							
6. 2012.....	XXX	XXX	XXX	XXX						
7. 2013.....	XXX	XXX	XXX	XXX	XXX					
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior.....	38	13	14	12	20	4	4		2	1
2. 2008.....		1	8	12	20	23	26	27	27	27
3. 2009.....	XXX		1	1	2	3	3	3	3	4
4. 2010.....	XXX	XXX		1	1	2	2	2	2	2
5. 2011.....	XXX	XXX	XXX		1	2	5	6	6	6
6. 2012.....	XXX	XXX	XXX	XXX	1	1	1	1	1	3
7. 2013.....	XXX	XXX	XXX	XXX	XXX		1	2	3	5
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			2
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017.....	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior.....	97	98	69	51	32	21	16	13	8	4
2. 2008.....	35	45	30	23	18	9	5	3	2	2
3. 2009.....	XXX	22	12	5	10	9	7	4	5	4
4. 2010.....	XXX	XXX	17	6	8	7	5	4	1	1
5. 2011.....	XXX	XXX	XXX	13	11	13	11	8	7	6
6. 2012.....	XXX	XXX	XXX	XXX	19	8	10	15	12	8
7. 2013.....	XXX	XXX	XXX	XXX	XXX	30	25	14	13	9
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	25	12	9	10
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24	18	18
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	16
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

**SECTION 3A**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior.....	39	33	13	7	3	2	2	(3)	1	
2. 2008.....	36	67	71	75	76	78	79	80	80	80
3. 2009.....	XXX	27	39	41	47	51	53	52	53	53
4. 2010.....	XXX	XXX	23	29	35	38	39	39	39	39
5. 2011.....	XXX	XXX	XXX	18	30	37	41	42	42	42
6. 2012.....	XXX	XXX	XXX	XXX	31	38	39	45	45	44
7. 2013.....	XXX	XXX	XXX	XXX	XXX	32	35	38	41	41
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	25	28	29	30
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25	29	35
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14	20
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

**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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior.....	16	6	4	4	6	3		1	1	
2. 2008.....	1	3	4	5	12	14	15	16	16	17
3. 2009.....	XXX		1	1	2	3	7	7	8	8
4. 2010.....	XXX	XXX		3	5	5	6	7	7	8
5. 2011.....	XXX	XXX	XXX		2	3	3	3	3	4
6. 2012.....	XXX	XXX	XXX	XXX				2	2	3
7. 2013.....	XXX	XXX	XXX	XXX	XXX				1	1
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1
11. 2017.....	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior.....	39	29	25	14	7	2	2	1		
2. 2008.....	48	20	15	11	6	3	2	1	1	
3. 2009.....	XXX	21	17	12	10	8	3	3	2	1
4. 2010.....	XXX	XXX	24	10	6	5	3	2	2	1
5. 2011.....	XXX	XXX	XXX	14	4	2	2	2	2	1
6. 2012.....	XXX	XXX	XXX	XXX	13	9	6	3	3	2
7. 2013.....	XXX	XXX	XXX	XXX	XXX	20	10	5	3	2
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	14	9	8	4
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22	14	14
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	13
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8

**SECTION 3B**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior.....	20	1	2	(2)					(1)	
2. 2008.....	74	76	76	76	76	76	76	76	76	76
3. 2009.....	XXX	29	29	29	29	29	29	29	29	29
4. 2010.....	XXX	XXX	29	30	30	30	30	29	29	29
5. 2011.....	XXX	XXX	XXX	15	13	13	13	13	13	13
6. 2012.....	XXX	XXX	XXX	XXX	17	18	18	18	18	18
7. 2013.....	XXX	XXX	XXX	XXX	XXX	28	28	28	28	28
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	15	15	15	15
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22	22	22
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17	18
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8

**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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior.....	15	4	(4)	8	2			1		
2. 2008.....	1	2		3	4	5	5	5	5	5
3. 2009.....	XXX		1	3	3	3	3	3	3	3
4. 2010.....	XXX	XXX								
5. 2011.....	XXX	XXX	XXX							
6. 2012.....	XXX	XXX	XXX	XXX						
7. 2013.....	XXX	XXX	XXX	XXX	XXX					
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX		1	1	1
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1	2
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017.....	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior.....	14	9	6	4				1	1	1
2. 2008.....	9	1	2	2	1					
3. 2009.....	XXX	6	3	1				1	1	1
4. 2010.....	XXX	XXX	2	1	1	1	1	2	2	1
5. 2011.....	XXX	XXX	XXX	3			1	1	1	1
6. 2012.....	XXX	XXX	XXX	XXX	2	1				1
7. 2013.....	XXX	XXX	XXX	XXX	XXX	4	3	1	1	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	4			
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	3	1
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2

**SECTION 3A**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior.....	6	1	1		1			3		1
2. 2008.....	16	15	15	15	15	15	15	15	15	15
3. 2009.....	XXX	8	9	9	9	9	9	10	10	10
4. 2010.....	XXX	XXX	2	2	2	4	5	6	6	6
5. 2011.....	XXX	XXX	XXX	4	4	4	5	5	5	5
6. 2012.....	XXX	XXX	XXX	XXX	2	2	3	3	3	4
7. 2013.....	XXX	XXX	XXX	XXX	XXX	4	4	4	4	4
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	4	4	4	4
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	5	5
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2

**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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017		
1. Prior.....											.0	
2. 2008.....											.0	
3. 2009.....	XXX										.0	
4. 2010.....	XXX	XXX									.0	
5. 2011.....	XXX	XXX	XXX								.0	
6. 2012.....	XXX	XXX	XXX	XXX							.0	
7. 2013.....	XXX	XXX	XXX	XXX	XXX						.0	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX					.0	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.0	
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.0	
11. 2017.....	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017		
1. Prior.....											.0	
2. 2008.....											.0	
3. 2009.....	XXX										.0	
4. 2010.....	XXX	XXX									.0	
5. 2011.....	XXX	XXX	XXX								.0	
6. 2012.....	XXX	XXX	XXX	XXX							.0	
7. 2013.....	XXX	XXX	XXX	XXX	XXX						.0	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX					.0	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.0	
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.0	
11. 2017.....	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017		
1. Prior.....											.0	
2. 2008.....	999	999	999	999	999	999	999	999	999	999	999	
3. 2009.....	XXX	925	925	925	925	925	925	925	925	925	925	
4. 2010.....	XXX	XXX	942	942	942	942	942	942	942	942	942	
5. 2011.....	XXX	XXX	XXX	507	507	507	507	507	507	507	507	
6. 2012.....	XXX	XXX	XXX	XXX	428	428	428	428	428	428	428	
7. 2013.....	XXX	XXX	XXX	XXX	XXX	406	406	406	406	406	406	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	318	318	318	318	318	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	353	353	353	353	
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	266	266	266	
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	219	219	
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	219	
13. Earned Prems.(P-Pt 1)	999	925	942	507	428	406	318	353	266	219	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017		
1. Prior.....											.0	
2. 2008.....											.0	
3. 2009.....	XXX										.0	
4. 2010.....	XXX	XXX									.0	
5. 2011.....	XXX	XXX	XXX								.0	
6. 2012.....	XXX	XXX	XXX	XXX							.0	
7. 2013.....	XXX	XXX	XXX	XXX	XXX						.0	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX					.0	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.0	
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.0	
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	219	219	
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	219	
13. Earned Prems.(P-Pt 1)												XXX

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

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

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

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

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

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

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

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

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

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

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

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

**SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS**

(\$000 Omitted)

**SECTION 1**

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/farmowners.....			0.0			0.0
2. Private passenger auto liability/medical.....			0.0			0.0
3. Commercial auto/truck liability/medical.....			0.0			0.0
4. Workers' compensation.....			0.0			0.0
5. Commercial multiple peril.....			0.0			0.0
6. Medical professional liability - occurrence.....	31,845		0.0	977		0.0
7. Medical professional liability - claims-made.....	6,047		0.0	564		0.0
8. Special liability.....			0.0			0.0
9. Other liability - occurrence.....	1,367		0.0	189		0.0
10. Other liability - claims-made.....			0.0			0.0
11. Special property.....			0.0			0.0
12. Auto physical damage.....			0.0			0.0
13. Fidelity/surety.....			0.0			0.0
14. Other.....			0.0			0.0
15. International.....			0.0			0.0
16. Reinsurance - nonproportional assumed property.....	XXX	XXX	XXX	XXX	XXX	XXX
17. Reinsurance - nonproportional assumed liability.....	XXX	XXX	XXX	XXX	XXX	XXX
18. Reinsurance - nonproportional assumed financial lines.....	XXX	XXX	XXX	XXX	XXX	XXX
19. Products liability - occurrence.....			0.0			0.0
20. Products liability - claims-made.....			0.0			0.0
21. Financial guaranty/mortgage guaranty.....			0.0			0.0
22. Warranty.....			0.0			0.0
23. Totals.....	39,259	0	0.0	1,730	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior.....										
2. 2008.....										
3. 2009.....	XXX									
4. 2010.....	XXX	XXX								
5. 2011.....	XXX	XXX	XXX							
6. 2012.....	XXX	XXX	XXX	XXX						
7. 2013.....	XXX	XXX	XXX	XXX	XXX					
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017.....	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior.....										
2. 2008.....										
3. 2009.....	XXX									
4. 2010.....	XXX	XXX								
5. 2011.....	XXX	XXX	XXX							
6. 2012.....	XXX	XXX	XXX	XXX						
7. 2013.....	XXX	XXX	XXX	XXX	XXX					
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017.....	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior.....										
2. 2008.....										
3. 2009.....	XXX									
4. 2010.....	XXX	XXX								
5. 2011.....	XXX	XXX	XXX							
6. 2012.....	XXX	XXX	XXX	XXX						
7. 2013.....	XXX	XXX	XXX	XXX	XXX					
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017.....	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior.....										
2. 2008.....										
3. 2009.....	XXX									
4. 2010.....	XXX	XXX								
5. 2011.....	XXX	XXX	XXX							
6. 2012.....	XXX	XXX	XXX	XXX						
7. 2013.....	XXX	XXX	XXX	XXX	XXX					
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017.....	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.....	31,845		0.0	977		0.0
7. Medical professional liability - claims-made.....	6,047		0.0	564		0.0
8. Special liability.....			0.0			0.0
9. Other liability - occurrence.....	1,367		0.0	189		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	39,259	0	0.0	1,730	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior.....										
2. 2008.....										
3. 2009.....	XXX									
4. 2010.....	XXX	XXX								
5. 2011.....	XXX	XXX	XXX							
6. 2012.....	XXX	XXX	XXX	XXX						
7. 2013.....	XXX	XXX	XXX	XXX	XXX					
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017.....	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior.....										
2. 2008.....										
3. 2009.....	XXX									
4. 2010.....	XXX	XXX								
5. 2011.....	XXX	XXX	XXX							
6. 2012.....	XXX	XXX	XXX	XXX						
7. 2013.....	XXX	XXX	XXX	XXX	XXX					
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017.....	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior.....										
2. 2008.....										
3. 2009.....	.XXX									
4. 2010.....	.XXX	.XXX								
5. 2011.....	.XXX	.XXX	.XXX							
6. 2012.....	.XXX	.XXX	.XXX	.XXX						
7. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2017.....	.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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior.....										
2. 2008.....										
3. 2009.....	.XXX									
4. 2010.....	.XXX	.XXX								
5. 2011.....	.XXX	.XXX	.XXX							
6. 2012.....	.XXX	.XXX	.XXX	.XXX						
7. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2017.....	.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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior.....										
2. 2008.....										
3. 2009.....	.XXX									
4. 2010.....	.XXX	.XXX								
5. 2011.....	.XXX	.XXX	.XXX							
6. 2012.....	.XXX	.XXX	.XXX	.XXX						
7. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2017.....	.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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior.....										
2. 2008.....										
3. 2009.....	.XXX									
4. 2010.....	.XXX	.XXX								
5. 2011.....	.XXX	.XXX	.XXX							
6. 2012.....	.XXX	.XXX	.XXX	.XXX						
7. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2016.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2017.....	.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)? \$.....1,201,015
- 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	2008.....	.....	.....
1.603	2009.....	.....	.....
1.604	2010.....	.....	.....
1.605	2011.....	.....	.....
1.606	2012.....	.....	.....
1.607	2013.....	.....	.....
1.608	2014.....	.....	.....
1.609	2015.....	.....	.....
1.610	2016.....	.....	.....
1.611	2017.....	.....	.....
1.612	Totals.....	0	0

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes [ X ]    No [ ]
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this statement? Yes [ X ]    No [ ]
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [ ]    No [ X ]  
  
If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.  
  
Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.  
  
Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5. What were the net premiums in force at the end of the year for: (in thousands of dollars)  
5.1 Fidelity .....  
5.2 Surety .....
6. Claim count information is reported per claim or per claimant. (Indicate which). PER CLAIM  
If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes [ ]    No [ X ]
- 7.2 An extended statement may be attached.

**SCHEDULE T - PART 2**

**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

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

**NONE**

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

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

Annual Statement for the year 2017 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**

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

**Responses**

YES  
 YES  
 YES  
 YES

**APRIL FILING**

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

YES  
 YES  
 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?
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

YES  
 YES

**AUGUST FILING**

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

YES

The following supplemental reports are required to be filed as part of your statement filing. 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?
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?
16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?
17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?
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?
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?
28. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?

NO  
 NO  
 NO  
 YES  
 NO  
 NO  
 NO  
 NO  
 YES  
 YES  
 NO  
 NO  
 NO  
 NO  
 NO  
 NO  
 NO  
 NO  
 NO

**APRIL FILING**

29. Will the Credit Insurance Experience Exhibit be filed with state of domicile and the NAIC by April 1?
30. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
31. Will the Accident and Health Policy Experience Exhibit be filed by April 1?
32. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?
33. Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?
34. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?

NO  
 NO  
 NO  
 NO  
 NO  
 NO

**AUGUST FILING**

35. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

SEE EXPLANATION

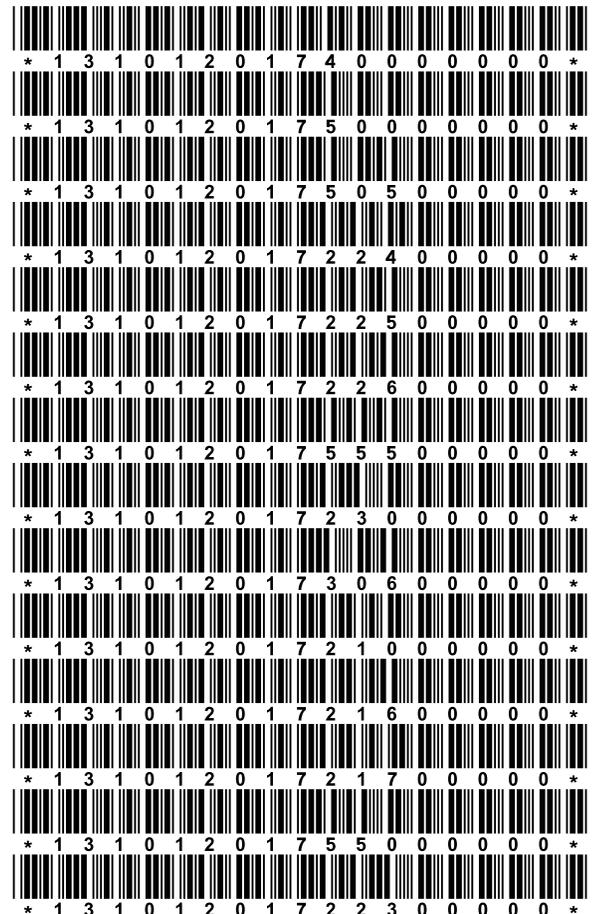
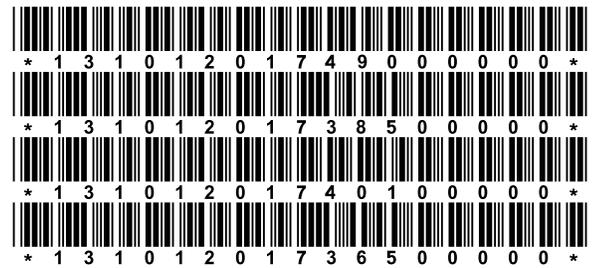
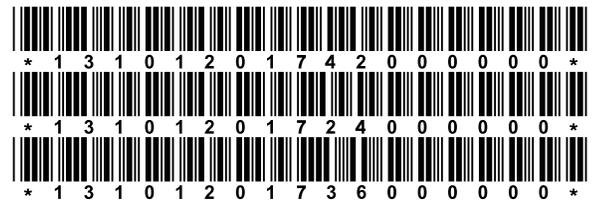
Annual Statement for the year 2017 of the **Medical Malpractice Joint Underwriting Association of Rhode Island**  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

**EXPLANATION:**

**BAR CODE:**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8. The data for this supplement is not required to be filed.
- 9.
- 10.
- 11.
- 12. The data for this supplement is not required to be filed.
- 13. The data for this supplement is not required to be filed.
- 14. The data for this supplement is not required to be filed.
- 15.
- 16. The data for this supplement is not required to be filed.
- 17. The data for this supplement is not required to be filed.
- 18. The data for this supplement is not required to be filed.
- 19. The data for this supplement is not required to be filed.
- 20.
- 21.
- 22. The data for this supplement is not required to be filed.
- 23. The data for this supplement is not required to be filed.
- 24. The data for this supplement is not required to be filed.
- 25. The data for this supplement is not required to be filed.
- 26. The data for this supplement is not required to be filed.
- 27. The data for this supplement is not required to be filed.
- 28. The data for this supplement is not required to be filed.
- 29. The data for this supplement is not required to be filed.
- 30. The data for this supplement is not required to be filed.
- 31. The data for this supplement is not required to be filed.
- 32. The data for this supplement is not required to be filed.
- 33. The data for this supplement is not required to be filed.
- 34. The data for this supplement is not required to be filed.
- 35. Does not meet the annual premium threshold pf \$500,000,000 required for filing.



Annual Statement for the year 2017 of the **Medical Malpractice Joint Underwriting Association of Rhode Island**  
**Overflow Page for Write-Ins**

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

	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
2404. Risk Management Expense.....		1,863		1,863
2405. Other Expense.....		59,636		59,636
2497. Summary of remaining write-ins for Line 24.....	0	61,499	0	61,499

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	1,366,605	1,360,611	1,138,092	11	(3,199,370)	8,300,041	28	14,319,287
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.....	1,366,605	1,360,611	1,138,092	11	(3,199,370)	8,300,041	28	14,319,287

**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**

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

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

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	174,603	196,467	1,562,500	3	(1,604,717)	2,125,000	14	3,267,846
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.....	174,603	196,467	1,562,500	3	(1,604,717)	2,125,000	14	3,267,846

**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, 2017

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.....	152,324,671		152,324,671
A02. Liabilities.....	44,057,639		44,057,639
A03. Surplus as regards to policyholders.....	108,267,032		108,267,032
A04. Income before taxes.....	11,482,198		11,482,198

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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