

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021 OF THE CONDITION AND AFFAIRS OF THE

Medical Malpractice Joint Underwriting Association of Rhode Island

NAIC	Group Code	NAIC Company Code	13101 Employer's II	Number51-0140354
	(Current) (Prior)			
Organized under the Laws of Country of Domicile	Rhode Island	Si United States of	zie of Domicile ar Pari of Er America	ilry Ri
Incorporated/Organized	06/19/1975		Commenced Business	07/01/1975
Statutory Home Office	One Turks Head Plac			Providence, RI, US 02902
	(Street and Number)		(City or	Town, State, Country and Zip Code)
64-1- 6-1				
Main Administrative Office		One Turks Hea (Street and N		
	Providence, RI, US 02903	(consecutive ta	on mass)	401-369-8240
(City or	Town, State, Country and Zip Code)		(A	rea Code) (Telephone Number)
Mail Address	One Turks Head Place			Providence, RI, US 02903
Intel Christian	(Street and Number or P.O. Box		(Cilv or	Town, State, Country and Zip Code)
	-	•		
Primary Location of Books and	Records	One Turks He		
	Providence, RI, US 02903	(Street and N	umderj	401-369-8240
(Clly or	Town, State, Country and Zip Code)		(A	rea Code) (Telephone Number)
	,,,,			
Internet Website Address		hitp://rhodelsian	djua com/	
Statutory Statement Contact	Melissa M	unard		401-369-8245
<u> </u>	(Nama		.//	(Area Code) (Telephone Number)
mellasa	menard@bbrown.com	62		401-359-5241
	(E-mail Address)			(FAX Number)
	(Callel Molopo)			(LOUISMINE)
		OFFICEI	3 5	
Vice Chair _	Timothy Knapp		Assistant Secretary	Melissa Menard #
Chair _	Earl Cottam Jr.		Secretary	James Pascaldes DPM
				9
		OTHE		
		DIRECTORS OR		
Adem Ro	Knapp	Jumes Pascali Don Bak		Earl Cottam Jr. Barbara M Cavicchio DDS
	Wards	Jennifer Mo		Virginia Burke
Eric Pa	ayntor	Laurie Ku		
121				
State of	Rhode lalend	55		
County of	Kent	33		
The officers of this reporting or	The bains duly suppressed dances as	of any that they are the d	accellent afficers of said succ	orling entity, and that on the reporting period stated above
all of the herein described ass	ats were the absolute property of the	said reporting entity, in	e and clear from any liens	or claims thereon, except as herein stated, and that this
statement, together with relater	i exhibita, achadulas and explanation	themin contained, enne	xed or referred to, is a full a	nd true statement of all the assets and liabilities and of the
condition and affairs of the said in accordance with the NAIC 4	I reporting entity as of the reporting properting properties and According to the control of the	riod staled above, end o rounden Practices and P	l Na Incoma and deductions Impeduses menual amoral tr	therefrom for the period ended, and have been completed the extent that: (1) state law may differ; or, (2) that state
rules or reculations reculre d	lifferences in recording not related b	o accountino praeticas s	and procedures, according	to the best of their information, knowledge and belief
respectively. Furthermore, the	scope of this attentation by the desc	ribed officers elso includ	se the related corresponding	g electronic ning with the NAIC, when required, that is a be requested by various regulators in lieu of or in addition
exact copy (except for formatul to the enclosed statement.	ng almerences ave to electronic liling)	or the enciceed statemen	nt. The electronic ming may	de requested by various regulators in lieu of or in addition
			-/1/	
		Great Car	* 11/	
	_ _	van co		
Timothy Kna	ns.	Earl Cottan		Jerllynn Leahy
Vice Chair		Chair		Assistant Secretary
				·
m.c				
			e, is this an original filing	7 Yes [X] No [}
	me this		b. If no,	
Subscribed and sworn to before day of	February,			int number





PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021 OF THE CONDITION AND AFFAIRS OF THE

Medical Malpractice Joint Underwriting Association of Rhode Island NAIC Group Code NAIC Company Code NAIC Company Code NAIC Sompany Code 13101 Employer's ID Number 51-0140354

NAIC	(Current) (Prior)	NC Company Code	Limployers ID N	
Organized under the Laws of	Rhode Island	, State	of Domicile or Port of Entry	RI
Country of Domicile		United States of Am	nerica	
Incorporated/Organized	06/16/1975		ommenced Business	07/01/1975
Statutory Home Office	One Turks Head Place			rovidence, RI, US 02903
Statutory Florine Office	(Street and Number)	,		wn, State, Country and Zip Code)
Main Administrative Office		One Turks Head P	lace	
- Main Manimionative Office		(Street and Numl		
	Providence, RI, US 02903	,		401-369-8240
(City or	Town, State, Country and Zip Code)		(Area	Code) (Telephone Number)
Mail Address	One Turks Head Place		Р	rovidence, RI, US 02903
	(Street and Number or P.O. Box)		(City or To	wn, State, Country and Zip Code)
Primary Location of Books and	Records	One Turks Head I	Place	
,		(Street and Numl		
	Providence, RI, US 02903			401-369-8240
(City or	Town, State, Country and Zip Code)		(Area	Code) (Telephone Number)
Internet Website Address		http://rhodeislandjua	a.com/	
Statutory Statement Contact	Melissa Menard	I		401-369-8245
Statutory Statement Soniact	(Name)			Area Code) (Telephone Number)
	melissa.menard@bbrown.com	2		401-369-8241
	(E-mail Address)			(FAX Number)
	,			,
		OFFICERS		
_	Timothy Knapp		Assistant Secretary	
Chair _	Earl Cottam Jr.		Secretary	James Pascalides DPM
		OTHER		
		DIRECTORS OR TR	USTEES	
	obitaille #	James Pascalides		Earl Cottam Jr.
	y Knapp Warde	Don Baldini Jennifer Morris		Barbara M Cavicchio DDS Virginia Burke
	ayntor	Laurie Kuipe		g
State of	Rhode Island SS			
County of	Providence			
The officers of this reporting e	ntity being duly sworn, each depose and sa	y that they are the desc	cribed officers of said reporti	ng entity, and that on the reporting period stated above
all of the herein described as	sets were the absolute property of the said	d reporting entity, free	and clear from any liens or	claims thereon, except as herein stated, and that this
				true statement of all the assets and liabilities and of the erefrom for the period ended, and have been completed
				e extent that: (1) state law may differ; or, (2) that state
				the best of their information, knowledge and belief
. , ,			1 0	lectronic filing with the NAIC, when required, that is an requested by various regulators in lieu of or in addition
to the enclosed statement.	3,		3 ,	
				AA CHA ()
				Mariak
T:		Ford 0-# 1		Melissa Menard
Timothy Kna Vice Chai	• •	Earl Cottam Jr Chair		Assistant Secretary
vice Oliai	•	Oriali		, issistant soorstary
			a. Is this an original filing?	Yes [X] No []
Subscribed and sworn to before day of	e me uns		b. If no,1. State the amendment	number
day or			Date filed	
			3. Number of pages attach	



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0000 BUS	SINESS IN THE STATE C	F Rhode Islar	Island					DURING THE YEAR 2021			NAIC Company Code 1310		
·	Gross Premi Policy and Me Less Return	ums, Including mbership Fees, Premiums and olicies not Taken	3 Dividends Paid	4	5	6	7	8 Direct Defense	9 Direct Defense	10 Direct Defense and Cost	Commissions	12	
Line of Business	Direct Premiums Written	2 Direct Premiums Earned	or Credited to Policyholders on Direct Business		Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	and Cost Containment Expense Paid	and Cost Containment Expense Incurred	Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees	
1. Fire													
2.1 Allied lines													
2.2 Multiple peril crop													
2.3 Federal flood													
2.4. Private crop	-												
2.5 Private flood													
Farmowners multiple peril													
Homeowners multiple peril													
5.1 Commercial multiple peril (non-liability portion)													
5.2 Commercial multiple peril (liability portion)													
Mortgage guaranty													
Ocean marine													
Inland marine													
10. Financial guaranty													
11. Medical professional liability	2,018,266	1,590,386		2,367,464	1,264,273	(1,339,196)	15,553,465	542,769	651,449	4,091,189	57,523	211,0	
12. Earthquake													
13. Group accident and health (b)													
14. Credit accident and health (group and individual)													
15.1 Collectively renewable accident and health (b)													
15.2 Non-cancelable accident and health(b)													
15.3 Guaranteed renewable accident and health(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 accident and health (b)													
15.8 Federal employees health benefits plan premium (b)				***************************************									
16. Workers' compensation				***************************************							***************************************		
17.1 Other Liability - occurrence	474.174	426.580		136.346		(1.362)	391.909	7.366	(1, 103)	105.237	13.515	49.5	
	,			100,040		(1,002)		1,300	(1,100)	100,201			
17.2 Other Liability - claims made													
17.3 Excess workers' compensation													
18. Products liability													
19.1 Private passenger auto no-fault (personal injury protection)													
19.2 Other private passenger auto liability													
19.3 Commercial auto no-fault (personal injury protection)													
19.4 Other commercial auto liability													
21.1 Private passenger auto physical damage													
21.2 Commercial auto physical damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and theft													
27. Boiler and machinery													
28. Credit													
29. International													
30. Warranty													
34. Aggregate write-ins for other lines of business	L0	0	0	0	0	0	0	0	0	0	0		
35. TOTALS (a)	2.492.440	2.016.966	0	2.503.810	1.264.273	(1.340.558)	15.945.374	550.135	650.346	4.196.426	71.038	260.5	
DETAILS OF WRITE-INS		2,111,011	_		1,221,217	(1,011,011)	10,010,011	000,100		.,,	,		
3401													
3402.							***************************************		***************************************		***************************************		
3403.							***************************************		***************************************				
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	n	n	0	0	n		
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	• • • • • • • • • • • • • • • • • • • •	0	0		······	n		0		n		
3439. Totals (Liftes 3401 tillu 3403 pius 3490)(Lifte 34 above)	U	1 0	ı	1 0	U	U	1	1 0	1	1 0	1		

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

⁽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



EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

	NAIC Group Code 0000 BUSINESS II	N THE STATE O	F Grand Tota	l			` •	Ďυ	RING THE YEAR	G THE YEAR 2021 NAIC Company Code 1310				
	·	Gross Premiu		3	4	5	6	7	8	9	10	11	12	
		Policy and Mer	mbership Fees,								Discret Defense			
			Premiums and plicies not Taken	Dividends Paid					Direct Defense	Direct Defense	Direct Defense and Cost			
		1	2	or Credited to					and Cost	and Cost	Containment	Commissions		
		Direct Premiums	Direct Premiums	Policyholders	Direct Unearned	Direct Losses Paid	Direct Losses	Direct	Containment	Containment	Expense	and Brokerage	Taxes, Licenses	
	Line of Business	Written	Earned	on Direct Business	Premium Reserves	(deducting salvage) Incurred	Losses Unpaid	Expense Paid	Expense Incurred	Unpaid	Expenses	and Fees	
	Fire	0	0	0		00	!	0	0	0	0	0	0	
	Allied lines	0	0	0		00	!	0 0	0	0	0	0	0	
	Multiple peril crop	0	0	0	ļ	0	!	0	0	0	0	0	0	
	Federal flood	0	0	0	C	00		~	0	0	0	0	0	
	. Private crop	L0	0	0	ļ	0 0	ļl		· 0	0	0	0	0	
	Private flood	0	0	<u>0</u>) 0		0 0	0	0	0	0	0	
	Farmowners multiple peril	J0	0	0		0		0 0	0	0	0	0	0	
	Homeowners multiple peril	Q	0	0				0 0	0	0	0	0	0	
	Commercial multiple peril (non-liability portion)	ļ	0	0				0 0		0	0		0	
	Commercial multiple peril (liability portion)	J		0	ļ			n I			0			
6.	Mortgage guaranty	ł			ļ	,		, I		J			J	
8.	Ocean marine	ł		0	ļ))		0		J			J	
9.	Inland marine		U	0					U	D			D	
10.	Financial guaranty	2,018,266	1,590,386	0					542.769	651,449	4,091,189	57.523	211.009	
11.	Medical professional liability	2,010,200	1,090,000		2,307,404	1,204,273	(1,339,19	0)10,000,400		031,449	4,091,109		211,009	
12.	Earthquake		n	0				n I	0	ν 0				
13. 14.	Group accident and health (b)		ο Λ	0		,		0	0	ν		ν	٥	
		n	n	0		0		•	0	n		n	o	
	Collectively renewable accident and health (b)	1	n	0		0		n I	0	n		n	o	
	Guaranteed renewable accident and health(b)	n	n	o		0		n	n	n		n	Λ	
	Non-renewable for stated reasons only (b)	Λ	Λ	0		1		0	0	0	Ω	Ω	٥	
	Other accident only	n	0	0		1			0	0	0	0	n	
	Medicare Title XVIII exempt from state taxes or fees.	0	0	0		0		0	0	0	0	0	0	
	All other accident and health (b)	0	0	0	(0		0	0	0	0	0	0	
	Federal employees health benefits plan premium (b)	0	0	0	0	0		0	0	0	0	0	0	
	Workers' compensation	0	0	0	0	0		0	0	0	0	0	0	
	Other Liability - occurrence	474.174	426.580	0	136.346	0	(1.36)	2) 391.909	7.366	(1, 103)	105.237	13.515	49.575	
	Other Liability - claims made	0	0	0		0		o [o	0	0	0	0	0	
	Excess workers' compensation	0	0	0		0		0	0	0	0	0	0	
	Products liability	0	0	0	L)		o [o	L0	0	0	0	0	
	Private passenger auto no-fault (personal injury protection)	0	0	0)ο		o [o	0	0	0	0	0	
	Other private passenger auto liability	0	0	0		0		o o	0	0	0	0	0	
19.3	Commercial auto no-fault (personal injury protection)	0	0	0		0		0	00	0	0	0	0	
19.4	Other commercial auto liability	0	0	0		0		0	0	0	0	0	0	
21.1	Private passenger auto physical damage	0	0	0		00		0 0	00	0	0	0	0	
21.2	Commercial auto physical damage	0	0	0	ļ	0	· 	0	0	0	0	0	0	
22.	Aircraft (all perils)	0	0	0)		۵	00	0	0	0	0	
23.	Fidelity	0	0	0	ļ	Ω			0	0	0	0	0	
24.	Surety	0	0	0	ļ	Ω		0	0	0	0	0	0	
26.	Burglary and theft	ļ0	0	0	ļ	٥٥			0	0	0	0	ļ0	
27.	Boiler and machinery	J0	0	0	ļ	٥٥	!	0 0	0	0	0	0	0	
28.	Credit	ļ0	ļ0	٠٥	ļ	٥٥		n hō	ļ <u>0</u>	ļ0	0	0	Jō	
29.	International	ļ0	ļ0	0	ļ	٥		n h	<u> </u>	ļ0	ļ0	ļ0	Jō	
30.	Warranty	ļ0	ļ0	0	ļ	<u>ا</u> ا	ļ	ν 0	0	ļ0	ļ0	0	ļ0	
34.	Aggregate write-ins for other lines of business	0	0	0			(4.040.55	U	0	0	4 400 400	0	0	
35.	TOTALS (a)	2,492,440	2,016,966	0	2,503,810	1,264,273	(1,340,55	8) 15,945,374	550, 135	650,346	4,196,426	71,038	260,584	
1	DETAILS OF WRITE-INS													
3401.		·			+					+		-		
3402.														
3403.		0	0	0				n		0		^	^	
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0				n I		0				
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	U	l 0	1 0	1	' '	'	U U	· U	U	1	1	1 0	

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

Schedule F - Part 1 - Assumed Reinsurance

NONE

Schedule F - Part 2 - Premium Portfolio Reinsurance Effected or (Canceled)

NONE

Schedule F - Part 3 - Ceded Reinsurance

NONE

Schedule F - Part 4 - Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3

NONE

Schedule F - Part 5 - Interrogatories for Schedule F - Part 3

SCHEDULE F - PART 6 Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	Restatement of Balance Sheet to identity Net Cre	alt for Remisurance		
		1	2	3
		As Reported	Restatement	Restated
		(Net of Ceded)	Adjustments	(Gross of Ceded)
		(Net of Ocaca)	Adjustificitis	(Gross or ocaca)
				<u> </u>
	ASSETS (Page 2, Col. 3)			
	ASSETS (Fage 2, Col. 3)			
1	Cash and invested assets (Line 12)	165 728 546		165,728,546
1.	Cash and invested assets (Line 12)	100,720,040		105,720,540
2.	Premiums and considerations (Line 15)	79 77/		78,774
۷.	Fremuns and Considerations (Line 13)			
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	0		0
٥.	remisurance recoverable of loss and loss adjustment expense payments (Line 10.1)			
4	Funds held by or deposited with reinsured companies (Line 16.2)	0		0
٦.	Turida riela by or deposited with remained companies (Line 10.2)			
5	Other assets	1 157 049		1, 157, 049
٥.		1, 107, 010		1, 107, 010
6	Net amount recoverable from reinsurers			0
٥.				
7	Protected cell assets (Line 27)	1		Ι

	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	165,728,546		165,728,546
2.	Premiums and considerations (Line 15)	78,774		78,774
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	0		0
4.	Funds held by or deposited with reinsured companies (Line 16.2)	0		0
5.	Other assets	1,157,049		1, 157,049
6.	Net amount recoverable from reinsurers			0
7.	Protected cell assets (Line 27)			0
8.	Totals (Line 28)	166,964,369	0	166,964,369
	LIABILITIES (Page 3)			
9.	Losses and loss adjustment expenses (Lines 1 through 3)	23,117,840		23,117,840
10.	Taxes, expenses, and other obligations (Lines 4 through 8)	1,741,743		1,741,743
11.	Unearned premiums (Line 9)	2,503,810		2,503,810
12.	Advance premiums (Line 10)	88,988		88,988
13.	Dividends declared and unpaid (Line 11.1 and 11.2)	0		0
14.	Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	0		0
15.	Funds held by company under reinsurance treaties (Line 13)	0		0
16.	Amounts withheld or retained by company for account of others (Line 14)	533,942		533,942
17.	Provision for reinsurance (Line 16)	0		0
18.	Other liabilities	15,876		15,876
19.	Total liabilities excluding protected cell business (Line 26)	28,002,199	0	28,002,199
20.	Protected cell liabilities (Line 27)			0
21.	Surplus as regards policyholders (Line 37)	138,962,170	xxx	138,962,170
22.	Totals (Line 38)	166,964,369	0	166,964,369

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) [)	Х]
	If yes, give full explanation:				

Schedule H - Part 1 - Analysis of Underwriting Operations **NONE**

Schedule H - Part 2 - Reserves and Liabilities

NONE

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

NONE

Schedule H - Part 4 - Reinsurance

NONE

Schedule H - Part 5 - Health Claims

Schedule P - Part 1A - Homeowners/Farmowners

NONE

Schedule P - Part 1B - Private Passenger Auto Liability/Medical **NONE**

Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical NONE

Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation)

NONE

Schedule P - Part 1E - Commercial Multiple Peril

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE P - PART 1F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

		1				(\$00	0 OMITTED						1
		Pre	emiums Earne						pense Payme				12
	ears in	1	2	3				and Cost	Adjusting		10	11	
	Vhich				Loss Pa	-	Containmer	t Payments	Payn				Number of
	ums Were				4	5	6	7	8	9		Total Net	Claims
	ned and										Salvage and		Reported
	es Were	Direct and			Direct and		Direct and		Direct and			(4 - 5 + 6 - 7	Direct and
In	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	xxx	xxx	XXX	44	0	4	0	17	0	0	65	xxx
2.	2012	2,264	0	2,264	1,466	0	484	0	244	0	0	2, 194	4
3.	2013	2,140	0	2,140	1,310	0	639	0	288	0	0	2,237	4
4.	2014	2,023	0	2,023	1,300	0		0	218	0	0	1,694	3
5.	2015	1,815	0	1,815	1,467	0		0	329	0	0	2,348	3
6.	2016	1,489	0	1,489	0		171	0	202	0	0	373	2
7.	2017	1,046	0	1,046	0	0	159	0	101	0	0	260	1
8.	2018	994	0	994	0	0	45	0	111	0	0	156	1
9.	2019	860	0	860	0	0	17	0	71	0	0	88	
10.	2020	939	0	939	0	0	14	0	91	0	0	105	
11.	2021	1,054	0	1,054	0	0	3	0	66	0	0	69	
12.	Totals	XXX	XXX	XXX	5,587	0	2,264	0	1,738	0	0	9,589	XXX

			Losses	Unpaid		Defens	e and Cost 0	Containment	Unpaid	Adjusti	ng and	23	24	25
		Case	Basis	Bulk +	IBNR	Case		Bulk +		Other I				
		13	14	15	16	17	18	19	20	21	22	Salvage and	Total Net Losses	Number of Claims Outstand-
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Subrog- ation Anticipated	and Expenses Unpaid	ing Direct and Assumed
1.	Prior	3,867	0	249	0	4	0	5	0	418	0	0	4,543	4
2.	2012	0	0	27	0	0	0	5	0	6	0	0	38	0
3.	2013	300	0	322	0	78	0	140	0	128	0	0	968	3
4.	2014	100	0	68	0	15	0	45	0	34	0	0	262	1
5.	2015	50	0	279	0	65	0	235	0	114	0	0	743	5
6.	2016	220	0	445	0	57	0	178	0	151	0	0	1,051	4
7.	2017	400	0	451	0	95	0	157	0	169	0	0	1,272	5
8.	2018	835	0	753	0	206	0	289	0	307	0	0	2,390	7
9.	2019	300	0	838	0	47	0	338	0	268	0	0	1,791	4
10.	2020	325	0	1,040	0	107	0	334	0	316	0	0	2,122	8
11.	2021	250	0	1,178	0	17	0	461	0	353	0	0	2,259	7
12.	Totals	6,647	0	5,650	0	691	0	2,187	0	2,264	0	0	17,439	48

			Total			oss Expense F				34	Net Balar	
			d Loss Expense			ed /Premiums E		Nontabula				ter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	4,116	427
2.	2012	2,232	0	2,232	98.6	0.0	98.6	0	0	0.0	27	11
3.	2013	3,205	0	3,205	149.8	0.0	149.8	0	0	0.0	622	346
4.	2014	1,956	0	1,956	96.7	0.0	96.7	0	0	0.0	168	94
5.	2015	3,091	0	3,091	170.3	0.0	170.3	0	0	0.0	329	414
6.	2016	1,424	0	1,424	95.6	0.0	95.6	0	0	0.0	665	386
7.	2017	1,532	0	1,532	146.5	0.0	146.5	0	0	0.0	851	421
8.	2018	2,546	0	2,546	256.1	0.0	256.1	0	0		1,588	802
9.	2019	1,879	0	1,879	218.5	0.0	218.5	0	0	0.0	1, 138	653
10.	2020	2,227	0	2,227	237.2	0.0	237.2	0	0	0.0	1,365	757
11.	2021	2,328	0	2,328	220.9	0.0	220.9	0	0	0.0	1,428	831
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	12,297	5,142

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE P - PART 1F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE (\$000 OMITTED)

		Pr	emiums Earn	ed	, ,								12
	ears in	1	2	3			Defense		Adjusting		10	11	
	/hich				Loss Pa	-	Containment Payments		Payments				Number of
	ums Were				4	5	6	7	8	9		Total Net	Claims
	ned and										Salvage and		Reported
	es Were	Direct and			Direct and		Direct and		Direct and			(4 - 5 + 6 - 7	Direct and
Inc	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	xxx	0	0	0	0	0	0	0	0	XXX
2.	2012	541	0	541	1,350	0	291	0	102	0	0	1,743	18
3.	2013	597	0	597	200	0	79	0	139	0	0	418	28
4.	2014	481	0	481	1,000	0	130	0	147	0	0	1,277	15
5.	2015	583	0	583	700	0		0		0	0	1,339	22
6.	2016	583	0	583	50	0	304	0		0	0	514	18
7.	2017	511	0	511	0	0	22	0	71	0	0	93	8
8.	2018	603	0	603	0	0		0		0	0	216	14
9.	2019	693	0	693	0	0	251	0	89	0	0	340	10
10.	2020	725	0	725	0	0	63	0	103	0	0	166	9
11.	2021	536	0	536	0	0	6	0	56	0	0	62	6
12.	Totals	XXX	XXX	XXX	3,300	0	1,691	0	1,177	0	0	6,168	XXX

						1				ı				
			Losses	Unpaid		Defens	e and Cost 0	Containment	Unpaid	Adjusti	ing and	23	24	25
		Case	Basis	Bulk +	· IBNR	Case			- IBNR		Unpaid			
		13	14	15	16	17	18	19	20	21	22	Salvage	Total Net	Number of Claims
		Direct and		Direct and		Direct and		Direct and		Direct and		and Subrog- ation	Losses and Expenses	Outstand- ing Direct and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	2012	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	2013	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	2014	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	2015	100	0	99	0	61	0	52	0	45	0	0	357	1
6.	2016	350	0	127	0	89	0	71	0	81	0	0	718	4
7.	2017	0	0	59	0	0	0	29	0	18	0	0	106	1
8.	2018	50	0	250	0	17	0	43	0	65	0	0	425	3
9.	2019	1,350	0	260	0	295	0	75	0	223	0	0	2,203	7
10.	2020	101	0	208	0	60	0	90	0	75	0	0	534	3
11.	2021	2	0	300	0	24	0	308	0	124	0	0	758	6
12.	Totals	1,953	0	1,303	0	546	0	668	0	631	0	0	5,101	25

		I	Total		Loss and L	oss Expense F	Porcontago			34	Net Balar	nco Shoot
		Losses and	l Loss Expense	es Incurred		ed /Premiums E		Nontabula	r Discount	34	Reserves Af	
		26	27	28	29	30	31	32	33	Inter- Company	35	36
		Direct and			Direct and				Loss	Pooling Participation	Losses	Loss Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2012	1,743	0	1,743	322.2	0.0	322.2	0	0	0.0	0	0
3.	2013	418	0	418	70.0	0.0	70.0	0	0	0.0	0	0
4.	2014	1,277	0	1,277	265.5	0.0	265.5	0	0	0.0	0	0
5.	2015	1,696	0	1,696	290.9	0.0	290.9	0	0	0.0	199	158
6.	2016	1,232	0	1,232	211.3	0.0	211.3	0	0	0.0	477	241
7.	2017	199	0	199	38.9	0.0	38.9	0	0	0.0	59	47
8.	2018	641	0	641	106.3	0.0	106.3	0	0	0.0	300	125
9.	2019	2,543	0	2,543	367.0	0.0	367.0	0	0	0.0	1,610	593
10.	2020	700	0	700	96.6	0.0	96.6	0	0	0.0	309	225
11.	2021	820	0	820	153.0	0.0	153.0	0	0	0.0	302	456
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	3,256	1,845

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

					(\$00	0 OMITTED)					
	Pr	emiums Earn	ed			Loss	and Loss Ex	pense Payme	ents			12
Years in Which	1	2	3	Loss Pa	yments	Defense Containmen	and Cost it Payments	Adjusting Paym		10	11	Number of
Premiums Were Earned and				4	5	6	7	8	9	Salvage and		Claims Reported
Losses Were Incurred	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Subrogation Received	(4 - 5 + 6 - 7 + 8 - 9)	Direct and Assumed
1. Prior	xxx	xxx	xxx									xxx
2. 2012												XXX
												XXX
												XXX
												XXX
												xxx
10. 2020												XXX
11. 2021												XXX

			Losses	Unpaid		Defens	e and Cost (Containment	Unnaid	Adjusti	ng and	23	24	25
		Case		Bulk +	IBNR	Case		Bulk +		Other I				
		13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded	Salvage and Subrog- ation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claim Outstanding Direct a Assume
1.	Prior													
2.	2012													
3.	2013													
4.	2014													
5.	2015													
6.	2016													
7.								_ \						
8.	2018													
9.														
0.														
1.	2021													
2.	Totals													

	·		Total	•		oss Expense F				34		nce Sheet
			Loss Expense			ed /Premiums E			ar Discount	_	Reserves A	
		26	27	28	29	30	31	32	33	Inter-	35	36
		Discort			Diag at					Company		
		Direct and			Direct and				Loss	Pooling Participation	Losses	Loss
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Expenses Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.	2012											
3.	2013											
4.	2014											
5.	2015											
6.	2016											
7.	2017			_								
8.	2018									-		<u> </u>
9.	2019											
10.	2020											
11.	2021											
12.	Totals	xxx	xxx	XXX	xxx	xxx	XXX			xxx		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

		00		. ,	•	(\$00	0 OMITTED)	, <u>, , , , , , , , , , , , , , , , , , </u>		OIXIXEIX	_	
		Pre	emiums Earne	ed		•	Los	s and Loss Ex	cpense Payme	ents			12
Ye	ears in	1	2	3				and Cost	Adjusting	and Other	10	11	
	√hich				Loss Pa	yments	Containmer	t Payments	Paym				Number of
	ums Were				4	5	6	7	8	9		Total Net	Claims
	ned and	5			.		5		5		Salvage and	Paid Cols	Reported
	es Were	Direct and			Direct and		Direct and		Direct and			(4 - 5 + 6 - 7	
In	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2.	2012	428	0	428	170	0	40	0	27	0	0	237	4
3.	2013	406	0	406	0	0	15	0	22	0	0	37	4
4.	2014	318	0	318	58	0	0	0	20	0	0	78	4
5.	2015	353	0	353	54	0	14	0	37	0	0	105	5
6.	2016	266	0	266	0	0	0	0	(6)	0	0	(6)	0
7.	2017	219	0	219	0	0	23	0	32	0	0	55	3
8.	2018	222	0	222	0	0	6	0	22	0	0	28	3
9.	2019	258	0	258	0	0	0	0	0	0	0	0	0
10.	2020	219	0	219	0	0	0	0	0	0	0	0	0
11.	2021	427	0	427	0	0	0	0	19	0	0	19	2
12.	Totals	XXX	XXX	XXX	282	0	98	0	173	0	0	553	XXX

			Lanna	Unnaid		Defens	a and Coat (Containment	Unneid	A diverti	ng and	23	24	25
		Case		Unpaid Bulk +	IBNR	Case	e and Cost (Dontainment Bulk +		Adjusti Other I				
		13	14	15	16	17	18	19	20	21	22			Number
												Salvage	Total Net	of Claims
		D:t		D:4		D:4		D:t		D:4		and	Losses	Outstand-
		Direct and		Direct and		Direct and		Direct and		Direct and		Subrog- ation	and Expenses	ing Direct and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated		Assumed
1.	Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	2012	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	2013	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	2014	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	2015	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	2016	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	2017	75	0	26	0	27	0	4	0	15	0	0	147	1
8.	2018	21	0	14	0	44	0	4	0	10	0	0	93	2
9.	2019	0	0	57	0	0	0	7	0	13	0	0	77	0
10.	2020	0	0	56	0	0	0	6	0	12	0	0	74	0
11.	2021	20	0	123	0	0	0	14	0	29	0	0	186	2
12.	Totals	116	0	276	0	71	0	35	0	79	0	0	577	5

			Total		Loss and L	oss Expense F	Porcontago			34	Not Palar	nce Sheet
		Losses and	l Loss Expense	es Incurred		ed /Premiums E		Nontabula	r Discount	34		ter Discount
		26	27	28	29	30	31	32	33	Inter- Company	35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
								L033	LAPETISE		Oripaid	Oripaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	2012	237	0	237	55.4	0.0	55.4	0	0	0.0	0	0
3.	2013	37	0	37	9.1	0.0	9.1	0	0	0.0	0	0
4.	2014	78	0	78	24.5	0.0	24.5	0	0	0.0	0	0
5.	2015	105	0	105	29.7	0.0	29.7	0	0	0.0	0	0
6.	2016	(6)	0	(6)	(2.3)	0.0	(2.3)	0	0	0.0	0	0
7.	2017	202	0	202	92.2	0.0	92.2	0	0	0.0	101	46
8.	2018	121	0	121	54.5	0.0	54.5	0	0	0.0	35	58
9.	2019	77	0	77	29.8	0.0	29.8	0	0	0.0	57	20
10.	2020	74	0	74	33.8	0.0	33.8	0	0	0.0	56	18
11.	2021	205	0	205	48.0	0.0	48.0	0	0	0.0	143	43
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	392	185

Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made

NONE

Schedule P - Part 1I - Special Property (Fire, Allied Lines...)

NONE

Schedule P - Part 1J - Auto Physical Damage

NONE

Schedule P - Part 1K - Fidelity/Surety

NONE

Schedule P - Part 1L - Other (Including Credit, Accident and Health)

NONE

Schedule P - Part 1M - International

NONE

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

NONE

Schedule P - Part 10 - Reinsurance - Nonproportional Assumed Liability

NONE

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

NONE

Schedule P - Part 1R - Section 1 - Products Liability - Occurrence

NONE

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made

NONE

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

NONE

Schedule P - Part 1T - Warranty

NONE

Schedule P - Part 2A - Homeowners/Farmowners

Schedule P - Part 2B - Private Passenger Auto Liability/Medical

NONE

Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical **N O N E**

Schedule P - Part 2D - Workers' Compensation (Excluding Excess Workers' Compensation)

NONE

Schedule P - Part 2E - Commercial Multiple Peril

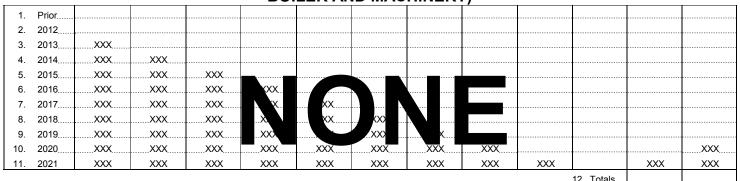
SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Υe	ars in	INCURRED	NET LOSSES	AND DEFEN	NSE AND CO	ST CONTAIN	MENT EXPE	NSES REPO	RTED AT YEA	AR END (\$00	0 OMITTED)	DEVELO	PMENT
Whic	h Losses	1	2	3	4	5	6	7	8	9	10	11	12
Were	Incurred	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	One Year	Two Year
1.	Prior	37,222	35,516	30,364	25,633	20 , 407	16,441	14,412	13,337	12,090	11,938	(152)	(1,399)
2.	2012	5,959	6,014	5,724	5,343	4,742	3,747	3,047	2,514	1,792	1,982	190	(532)
3.	2013	XXX	5,490	5,773	6, 103	5,951	5,012	4,232	3,582	3,003	2,789	(214)	(793)
4.	2014	XXX	XXX	5,490	5,916	5,540	4,580	3,692	2,576	1,945	1,704	(241)	(872)
5.	2015	XXX	XXX	XXX	4,509	4,488	4,400	3,847	4,087	4,053	2,648	(1,405)	(1,439)
6.	2016	XXX	XXX	XXX	XXX	3,683	3,596	3,025	2,060	1,411	1,071	(340)	(989)
7.	2017	XXX	XXX	XXX	XXX	XXX	2,351	2, 197	2,268	2,156	1,262	(894)	(1,006)
8.	2018	XXX	XXX	XXX	XXX	XXX	XXX	2,112	1,994	2,041	2,128	87	134
9.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,788	1,658	1,540	(118)	(248)
10.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,895	1,820	(75)	XXX
11.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,909	XXX	XXX
											12. Totals	(3, 162)	(7,144)

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

1.	Prior	12,431	11,976	10,867	11,642	9,698	9,117	9, 190	9 , 157	8,992	8,992	0	(165)
2.	2012	1,925	1,966	2,000	1,624	1,755	1,665	1,644	1,641	1,641	1,641	0	0
3.	2013	XXX	1,933	1,865	1,553	1 , 184	845	344	279	279	279	0	0
4.	2014	XXX	XXX	1,378	1,244	2,122	1,615	1,422	1,258	1 , 130	1 , 130	0	(128)
5.	2015	XXX	XXX	XXX	1,542	1,883	2,052	2,000	2,069	1,889	1,461	(428)	(608)
6.	2016	XXX	XXX	XXX	XXX	1,984	1,655	1,435	1,128	1,042	991	(51)	(137)
7.	2017	XXX	XXX	XXX	XXX	XXX	705	546	378	183	110	(73)	(268)
8.	2018	XXX	XXX	XXX	XXX	XXX	XXX	1,016	941	660	456	(204)	(485)
9.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,400	1,273	2,231	958	831
10.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	797	522	(275)	XXX
11.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	640	XXX	XXX
											12. Totals	(73)	(960)

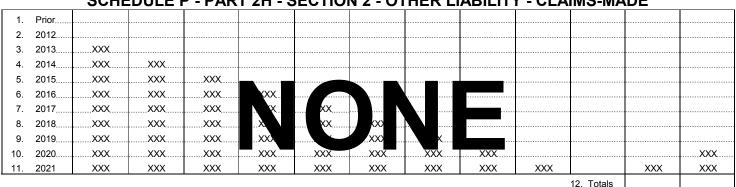
SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)



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

1.	Prior	883	339	401	1,287	1,218	1,310	893	811	811	811	0	0
2.	2012	225	174	114	16	6	227	210	210	210	210	0	0
3.	2013	XXX	192	168	160	139	56	15	15	15	15	0	0
4.	2014	XXX	XXX	199	167	126	92	73	64	58	58	0	(6)
5.	2015	XXX	XXX	XXX	343	336	305	257	134	68	68	0	(66)
6.	2016	XXX	XXX	XXX	XXX	140	139	69	27	0	0	0	(27)
7.	2017	XXX	XXX	XXX	XXX	XXX	112				155	(102)	46
8.	2018	XXX	XXX	XXX	XXX	XXX	XXX	117	97	75	89	14	(8)
9.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	127	95	64	(31)	(63)
10.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	104	62	(42)	XXX
11.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	157	XXX	XXX
											12. Totals	(161)	(124)

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



58

Schedule P - Part 2I - Special Property

NONE

-

Schedule P - Part 2J - Auto Physical Damage **NONE**

Schedule P - Part 2K - Fidelity/Surety

NONE

Schedule P - Part 2L - Other (Including Credit, Accident and Health)

NONE

Schedule P - Part 2M - International

NONE

Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property

NONE

Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability

NONE

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines

NONE

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence

NONE

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made

NONE

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty

NONE

Schedule P - Part 2T - Warranty

NONE

Schedule P - Part 3A - Homeowners/Farmowners

NONE

Schedule P - Part 3B - Private Passenger Auto Liability/Medical

Schedule P - Part 3C - Commercial Auto/Truck Liability/Medical

NONE

Schedule P - Part 3D - Workers' Compensation (Excluding Excess Workers' Compensation)

NONE

Schedule P - Part 3E - Commercial Multiple Peril

		CUMULA	ATIVE PAID N	NET LOSSES	AND DEFEN	ISE AND CO	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	AR END	11	12
						(\$000 OI	MITTED)					Number of	Number of
	ears in	1	2	3	4	5	6	7	8	9	10	Claims	Claims
	Vhich											Closed	Closed
	osses Vere											With Loss	Without Loss
	curred	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Payment	Payment
4	Prior	000	1.796	5,654	5,764	5,954	6,572	7,005	7,893	7,765	7,813	1	74
1.			, ,	,		*	,	· ·	· ·		,		14
2.	2012	49	76	106	213	1 , 139	1 , 150	1,450	1,467	1,675	1,950	6	38
3.	2013	XXX	27	151	1,007	1,128	1,712	1,774	1,825	1,881	1,949	5	34
4.	2014	xxx	XXX	19	1,019	1,041	1,097	1,455	1,459	1,469	1,476	2	27
5.	2015	XXX	XXX	XXX	29	100	156	393	553	987	2,019	5	28
6.	2016	xxx	XXX	XXX	XXX	20	65	75	84	105	171	0	20
7.	2017	XXX	XXX	XXX	XXX	XXX	1	6	45	108	159	0	6
8.	2018	XXX	XXX	XXX	XXX	XXX	XXX	1	1	13	45	0	5
9.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	6	17	0	3
10.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	14	0	1
11.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3		

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

1.	Prior	000	3,834	5,659	6,000	7,745	8,851	8,928	8,992	8,992	8,992	22	11
2.	2012	49	131	353	639	1,638	1,641	1,641	1,641	1,641	1,641	3	15
3.	2013	XXX	20	37	176	189	279	279	279	279	279	2	26
4.	2014	XXX	XXX	3	21	73	102	125	1, 130	1 , 130	1 , 130	1	14
5.	2015	XXX	XXX	XXX	42	141	926	962	1,097	1, 123	1,149	2	19
6.	2016	XXX	XXX	XXX	XXX	72	226	256	293	324	354	1	13
7.	2017	XXX	XXX	XXX	XXX	XXX	11	22	22	22	22	0	7
8.	2018	XXX	XXX	XXX	XXX	XXX	XXX	36	79	93	96	0	11
9.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	44	143	251	0	3
10.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29	63	0	6
11.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6		

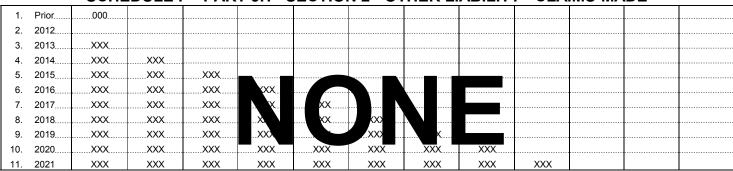
SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

					DOI				' /			
1.	Prior	000									 XXX	XXX
2.	2012										 XXX	XXX
3.	2013	XXX									 XXX	XXX
4.	2014	XXX	XXX								XXX	XXX
5.	2015	XXX	XXX	XXX							 XXX	XXX
6.	2016	XXX	XXX	XXX	XXX.			·····			 XXX	XXX
7.	2017	XXX	XXX	XXX	X.	XX	A \ \	\			 XXX	XXX
8.	2018	XXX	XXX	XXX	X	XX					 XXX	XXX
9.	2019	XXX	XXX	XXX	xx		400	X			 XXX	XXX
10.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		 XXX	XXX
11.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1.	Prior	000	63	81	517	566	625	781	811	811	811	4	6
2.	2012	0	1	1	1	1	210	210	210	210	210	1	3
3.	2013	XXX	0	0	3	14	15	15	15	15	15	0	4
4.	2014	XXX	XXX	0	58	58	58	58	58	58	58	1	3
5.	2015	XXX	XXX	XXX	0	54	61	68	68	68	68	2	3
6.	2016	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7.	2017	XXX	XXX	XXX	XXX	XXX	0	0	4	22	23	0	2
8.	2018	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	6	0	1
9.	2019	XXX	0	0	0	0	0						
10.	2020	XXX	0	0	0	0							
11.	2021	XXX	0										

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



Schedule P - Part 3I - Special Property

NONE

Schedule P - Part 3J - Auto Physical Damage

NONE

Schedule P - Part 3K - Fidelity/Surety

NONE

Schedule P - Part 3L - Other (Including Credit, Accident and Health)

NONE

Schedule P - Part 3M - International

NONE

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property

NONE

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability

NONE

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines

NONE

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence

NONE

Schedule P - Part 3R - Section 2 - Product Liability - Claims-Made

NONE

Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty

NONE

Schedule P - Part 3T - Warranty

NONE

Schedule P - Part 4A - Homeowners/Farmowners

NONE

Schedule P - Part 4B - Private Passenger Auto Liability/Medical

Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical

NONE

Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation)

NONE

Schedule P - Part 4E - Commercial Multiple Peril

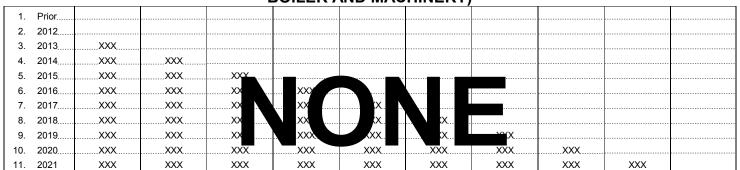
SCHEDULE P - PART 4F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE	SCHEDULE P -	PART 4F - SECTION	N 1 - MEDICAL PROFESSION	ONAL LIABILITY - OCCURRENCE
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		BULK AND IE	BNR RESERVE	S ON NET LOSS	SES AND DEFE	NSE AND COST	CONTAINMEN	IT EXPENSES F	REPORTED AT	YEAR END (\$00	0 OMITTED)
	ears in	1	2	3	4	5	6	7	8	9	10
	Vhich										
	osses Vere										
	curred	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1.	Prior	27, 199	19,022	15,130	10,843	7,022	3,912	2,278	1,121	388	254
2.	2012	5,599	5,333	4,667	3,037	2,426	1,737	1, 172	797	117	32
3.	2013	XXX	4,793	4,707	4 , 165	3,510	2,757	1,842	1,226	747	462
4.	2014	XXX	XXX	4,977	4,795	4,235	2,883	2,083	980	349	113
5.	2015	XXX	XXX	XXX	4,279	3,768	3,487	2,346	1 , 194	704	514
6.	2016	XXX	XXX	XXX	XXX	3,621	3,380	2,832	1,742	1,093	623
7.	2017	XXX	XXX	XXX	XXX	XXX	2,340	2,093	1,565	1,102	608
8.	2018	XXX	XXX	XXX	XXX	XXX	XXX	2,097	1,858	1,254	1,042
9.	2019	XXX	XXX	XXX	XXX	XXX	xxx	XXX	1,728	1,593	1, 176
10.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,770	1,374
11.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,639

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

1.	Prior	4,898	3,456	1,982	2 , 148	712	98	97	58	0	0
2.	2012	848	874	490	715	71	23	2	0	0	0
3.	2013	XXX	1,299	1,349	1, 101	788	539	58	0	0	0
4.	2014	XXX	XXX	1,223	800	891	469	285	125	0	0
				XXX			414	308	190	281	151
				XXX				608	457	321	198
7.	2017	xxx	XXX	XXX	XXX	XXX	659	504	346	161	88
				XXX					497	477	293
9.	2019	xxx	XXX	XXX	XXX	XXX	XXX	XXX	593	377	335
10.	2020			xxx							298
11.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	608

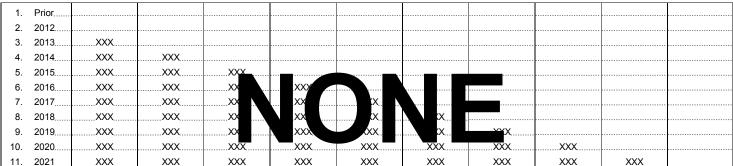
SCHEDULE P - PART 4G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)



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

1.	Prior	773	272	61	287	238	226	24	0	0	0
2.	2012	120	73	113	15	5	6	0	0	0	0
3.	2013	XXX	141	118	60	39	41	0	0	0	0
4.	2014	XXX	XXX	99	109	68	34	15	6	0	0
5.	2015	XXX	XXX	XXX	143	182	127	78	66	0	0
6.	2016	XXX	XXX	XXX	XXX	140	139	69	27	0	0
7.	2017	XXX	XXX	XXX	XXX	XXX	83	76	30	32	30
8.	2018	XXX	XXX	XXX	XXX	XXX	XXX	94	82	60	18
9.	2019	XXX	127	95	64						
10.	2020	XXX	104	62							
11.	2021	XXX	137								

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



Schedule P - Part 4I - Special Property

NONE

Schedule P - Part 4J - Auto Physical Damage

NONE

Schedule P - Part 4K - Fidelity/Surety

NONE

Schedule P - Part 4L - Other (Including Credit, Accident and Health)

NONE

Schedule P - Part 4M - International

NONE

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property

NONE

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability

NONE

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines

NONE

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence

NONE

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made

NONE

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty

NONE

Schedule P - Part 4T - Warranty

NONE

Schedule P - Part 5A - Homeowners/Farmowners - Section 1

NONE

Schedule P - Part 5A - Homeowners/Farmowners - Section 2

Schedule P - Part 5A - Homeowners/Farmowners - Section 3 **NONE**

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 1

NONE

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 2

NONE

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 3 **N O N E**

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 1

NONE

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 2

NONE

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 3

NONE

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

NONE

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

NONE

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 3

NONE

Schedule P - Part 5E - Commercial Multiple Peril - Section 1

NONE

Schedule P - Part 5E - Commercial Multiple Peril - Section 2

NONE

Schedule P - Part 5E - Commercial Multiple Peril - Section 3 **N O N E**

SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE SECTION 1A

Ye	ears in		CUMULA	TIVE NUMBER	OF CLAIMS CL	OSED WITH LO	SS PAYMENT [DIRECT AND AS	SSUMED AT YE	AR END	
	in Which	1	2	3	4	5	6	7	8	9	10
Were	emiums e Earned Losses										
	Incurred	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1.	Prior	30	10	10	2	2	2	3	4	2	2
2.	2012	1	1	1	1	1	3	3	5	6	6
3.	2013	xxx	0	1	2	3	5	5	5	5	5
4.	2014	xxx	XXX	0	0	0	0	2	2	2	2
5.	2015	XXX	XXX	XXX	0	0	2	2	3	5	5
6.	2016	xxx	xxx	XXX	XXX	0	0	0	0	0	0
7.	2017	xxx	xxx	XXX	XXX	xxx	0	0	0	0	0
8.	2018	XXX	XXX	XXX	XXX	XXX	xxx	0	0	0	0
9.	2019	XXX	XXX	XXX	XXX	xxx	xxx	xxx	0	0	0
10.	2020	xxx	XXX	XXX	XXX	xxx	XXX	XXX	xxx	0	0
11.	2021	xxx	XXX	XXX	XXX	xxx	xxx	XXX	xxx	xxx	

SECTION 2A

					3L	CHON 2	A				
Υe	ears in			NUMBER	R OF CLAIMS O	UTSTANDING D	DIRECT AND AS	SSUMED AT YE	AR END		
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1.	Prior	79	59	44	32	23	17	12	10	6	4
2.	2012	19	8	10	15	12	8	5	1	0	0
3.	2013	xxx	30	25	14	13	9	7	4	4	3
4.	2014	xxx	XXX	25	12	9	10	6	2	2	1
5.	2015	xxx	XXX	XXX	24	18	18	17	13	10	5
6.	2016	xxx	XXX	XXX	XXX	13	16	12	5	3	4
7.	2017	XXX	XXX	XXX	XXX	XXX	4	2	4	7	5
8.	2018	XXX	XXX	XXX	XXX	XXX	XXX	8	7	8	7
9.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	7	4
10.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	8
11.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7

SECTION 3A

					JL	CHONS	A				
Ye	ears in			CUMULATIVE	NUMBER OF C	LAIMS REPOR	TED DIRECT AN	ND ASSUMED A	T YEAR END		
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1.	Prior	28	18	10	(2)	2	0	1	1	1	0
2.	2012	31	38	39	45	45	44	44	44	44	44
3.	2013	xxx	32	35	38	41	41	42	42	42	42
4.	2014	XXX	xxx	25	28	29	30	30	30	30	30
5.	2015	xxx	xxx	xxx	25	29	35	38	38	38	38
6.	2016	xxx	xxx	xxx	XXX	14	20	21	23	23	24
7.	2017	XXX	xxx	xxx	XXX	XXX	4	5	8	11	11
8.	2018	xxx	xxx	xxx	XXX	xxx	xxx	8	10	12	12
9.	2019	xxx	xxx	xxx	XXX	xxx	XXX	xxx	5	7	
10.	2020	XXX	xxx	xxx	XXX	XXX	XXX	XXX	XXX	6	g
11.	2021	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7

SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE SECTION 1B

Ye	ears in		CUMULA	TIVE NUMBER	OF CLAIMS CL	OSED WITH LO	SS PAYMENT [DIRECT AND AS	SSUMED AT YE	AR END	
	in Which	1	2	3	4	5	6	7	8	9	10
	emiums e Earned										
	Losses										
Were	Incurred	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1.	Prior	18	7	6	3	2	3	1	0	0	
2.	2012	0	0	0	2	2	3	3	3	3	3
3.	2013	xxx	0	0	0	1	1	2	2	2	2
4.	2014	xxx	XXX	0	0	0	0	0	1	1	1
5.	2015	xxx	XXX	XXX	0	0	0	1	1	1	2
6.	2016	xxx	XXX	XXX	xxx	0	1	1	1	1	1
7.	2017	xxx	XXX	xxx	xxx	xxx	0	0	0	0	0
8.	2018	xxx	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9.	2019	xxx	XXX	xxx	xxx	xxx	XXX	xxx	0	0	0
10.	2020	xxx	XXX	xxx	xxx	xxx	XXX	XXX	XXX	0	0
11.	2021	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2B

					OL	CHON 2					
Υe	ears in			NUMBER	R OF CLAIMS O	UTSTANDING D	DIRECT AND AS	SUMED AT YE	AR END		
Pre Were	in Which emiums e Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1.	Prior	33	20	12	9	7	3	2	2	0	
2.	2012	13	9	6	3	3	2	1	0	0	
3.	2013	xxx	20	10	5	3	2	1	0	0	
4.	2014	xxx	xxx	14	9	8	4	4	1	0	
5.	2015	xxx	xxx	xxx	22	14	14	11	5	4	1
6.	2016	xxx	xxx	xxx	XXX	16	13	11	5	5	4
7.	2017	xxx	xxx	xxx	XXX	xxx	8	7	3	1	1
8.	2018	xxx	xxx	xxx	XXX	xxx	xxx	13	6	5	3
9.	2019	xxx	XXX	xxx	XXX	XXX	XXX	XXX	10	7	7
10.	2020	xxx	xxx	xxx	XXX	xxx	xxx	xxx	xxx	9	3
11.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6

SECTION 3B

					O L	-011014 0	_				
Υe	ears in			CUMULATIVE	NUMBER OF C	LAIMS REPOR	TED DIRECT AN	ND ASSUMED A	T YEAR END		
Pre Were	in Which miums Earned	1	2	3	4	5	6	7	8	9	10
	Losses Incurred	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1.	Prior	(2)	0	0	(1)	(1)	0	0	0	0	0
2.	2012	17	18	18	18	18	18	18	18	18	18
3.	2013	xxx	28	28	28	28	28	28	28	28	28
4.	2014	XXX	XXX	15	15	15	15	15	15	15	15
5.	2015	XXX	xxx	XXX	22	22	22	22	22	22	22
6.	2016	XXX	xxx	xxx	xxx	17	18	18	18	18	18
7.	2017	XXX	XXX	XXX	XXX	XXX	8	9	8	8	
8.	2018	XXX	xxx	XXX	XXX	XXX	XXX	13	14	14	14
9.	2019	xxx	xxx	XXX	xxx	xxx	xxx	xxx	10	10	10
10.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	9
11	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE SECTION 1A

Υe	ears in		CUMULA	TIVE NUMBER	OF CLAIMS CL	OSED WITH LC	SS PAYMENT I	DIRECT AND AS	SSUMED AT YE	AR END	
	in Which	1	2	3	4	5	6	7	8	9	10
	emiums e Earned										
and	Losses										
Were	Incurred	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1.	Prior	3	1	0	1	0	0	1	2	0	(1)
2.	2012	0	0	0	0	0	0	1	1	1	1
3.	2013	XXX	0	0	0	0	0	0	0	0	0
4.	2014	XXX	xxx		1	1	1	1	1	1	1
5.	2015	XXX	xxx	XXX	0	1	2	2	2	2	2
6.	2016	XXX	xxx	XXX	XXX	0	0	0	0	0	0
7.	2017	XXX	xxx	XXX	XXX	XXX	0	0	0	0	0
8.	2018	XXX	XXX	XXX	XXX	XXX		0	0	0	0
9.	2019	xxx	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10.	2020	xxx	XXX	xxx		xxx	XXX	XXX	XXX	0	0
11.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2A

					OL.	CHON 2	^				
Υe	ears in			NUMBEF	R OF CLAIMS O	UTSTANDING D	DIRECT AND AS	SSUMED AT YE	AR END		
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1.	Prior	2	1	2	5	5	4	2	0	0	
2.	2012	2	1	0	0	0	1	0	0	0	
3.	2013	xxx	4	3	1	1	0	0	0	0	
4.	2014	xxx	xxx	4	0	0	0	0	0	0	
5.	2015	xxx	xxx	xxx	5	3	1	1	0	0	
6.	2016	xxx	XXX	XXX	XXX	0	0	0	0	0	
7.	2017	XXX	XXX	XXX	XXX	XXX	2	1	2	2	1
8.	2018	xxx	xxx	xxx	XXX	XXX	xxx	3	2	2	2
9.	2019	xxx	xxx	xxx	XXX	XXX	xxx	XXX	0	0	
10.	2020	xxx	xxx	xxx	XXX	xxx	xxx	xxx	xxx	0	
11.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2

SECTION 3A

					JL	-C 11014 3	^				
Ye	ears in			CUMULATIVE	NUMBER OF C	LAIMS REPOR	TED DIRECT AN	ND ASSUMED A	T YEAR END		
Pre Were	in Which emiums e Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1.	Prior	1	2	2	5	0	1	0	0	0	(1
2.	2012	2	2	3	3	3	4	4	4	4	4
3.	2013	xxx	4	4	4	4	4	4	4	4	
4.	2014	xxx	xxx	4	4	4	4	4	4	4	
5.	2015	xxx	xxx	xxx	5	5	5	5	5	5	
6.	2016	xxx	xxx	xxx	XXX	0	0	0	0	0	
7.	2017	xxx	xxx	xxx	XXX	XXX	2	3	4	4	3
8.	2018	xxx	xxx	xxx	XXX	XXX	xxx	3	3	3	
9.	2019	xxx	xxx	xxx	XXX	xxx	xxx	xxx	0	0	
10.	2020	xxx	xxx	xxx	XXX	XXX	XXX	XXX	XXX	0	
11.	2021	XXX	xxx	xxx	XXX	XXX	XXX	xxx	xxx	XXX	2

Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B **NONE**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B **N O N E**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B **N O N E**

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A **NONE**

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A

NONE

Schedule P - Part 5R - Products Liability - Occurrence - Section 3A NONE

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B **NONE**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B NONE

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B NONE

Schedule P - Part 5T - Warranty - Section 1 **NONE**

Schedule P - Part 5T - Warranty - Section 2 **NONE**

Schedule P - Part 5T - Warranty - Section 3 **N O N E**

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 1

NONE

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 2

NONE

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1 ${f N}$ ${f O}$ ${f N}$ ${f E}$

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2 $\bf N$ $\bf O$ $\bf N$ $\bf E$

SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL SECTION 1

	· · · · · · · · · · · · · · · · · · ·											
Years in Wh	iich		CUMU	LATIVE PREM	<u>/IIUMS EARNI</u>	<u>ED DIRECT A</u>	ND ASSUME	O AT YEAR EI	ND (\$000 OMI	ITTED)		11
Premiums	3	1	2	3	4	5	6	7	8	9	10	Current
Were Earne	ed											Year
and Losse	s											Premiums
Were Incurr	red 2	012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Earned
1. Prior												
2. 2012												
3. 2013	×	(XX										
4. 2014		(XX	XXX		_							
5. 2015		(XX	XXX	,								
6. 2016			XXX				\					
		XX			XX		· · · · · · · · · · · · · · · · · · ·				•	•
7. 2017		(XX	XXX		XX	X				+		
8. 2018		(XX	XXX)	XX/	<i>)</i>					-	
9. 2019	×	(XX	XXX	······)	XXX.	×	XX					
10. 2020	X	(XX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2021	×	(XX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals	х	(XX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned												
Premium	ns											
(Sch P-F	Pt. 1)											XXX

SECTION 2

							11 4					
Ye	ears in Which			CUMULATI	VE PREMIUM	S EARNED C	EDED AT YEA	AR END (\$000	OMITTED)			11
	Premiums Vere Earned	1	2	3	4	5	6	7	8	9	10	Current Year
	and Losses /ere Incurred	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Premiums Earned
1.	Prior											
2.	2012											
3.	2013	XXX										
4.	2014	XXX	XXX									
5.	2015	XXX	XXX									
6.	2016	XXX	XXX		XX							
7.	2017	XXX	XXX		xx	×	A					
8.	2018	XXX	XXX		XX.	×						
9.	2019	XXX	XXX)	XXX	X	x					
10.	2020	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX			
11.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13.	Earned											
	Premiums											,
	(Sch P-Pt. 1)											XXX

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE SECTION 1A

Υe	ears in Which		CUMU	LATIVE PREM	IIUMS EARNE	ED DIRECT A	ND ASSUMED	AT YEAR EN	ND (\$000 OMI	TTED)		11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
V	/ere Earned											Year
;	and Losses											Premiums
W	ere Incurred	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Earned
1.	Prior	0	0	0	0	0	0	0	0	0	0	0
2.	2012	428	428	428	428	428	428	428	428	428	856	428
3.	2013	XXX	406	406	406	406	406	406	406	406	812	406
4.	2014	XXX	XXX	318	318	318	318	318	318	318	636	318
5.	2015	XXX	XXX	XXX	353	353	353	353	353	353	706	353
6.	2016	XXX	XXX	XXX	XXX	266	266	266	266	266	532	266
7.	2017	XXX	XXX	XXX	XXX	XXX	219	219	219	219	438	219
8.	2018	XXX	XXX	XXX	XXX	XXX	XXX	222	222	222	444	222
9.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	258	258	516	258
10.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	219	438	219
11.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	427	427
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3.116
13.	Earned						_ 0 0					,
10.	Premiums											
	(Sch P-Pt. 1)	428	406	318	353	266	219	222	258	219	427	XXX

SECTION 2A

					3	FCHON	I ZA					
Ye	ears in Which			CUMULATI	VE PREMIUM	S EARNED C	EDED AT YEA	AR END (\$000	OMITTED)			11
	Premiums	1	2	3	4	5	6	7	8	9	10	Current
	Vere Earned											Year
	and Losses											Premiums
W	ere Incurred	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Earned
1.	Prior	0	0	0	0	0	0	0	0	0	0	0
2.	2012	0	0	0	0	0	0	0	0	0	0	0
3.	2013	XXX	0	0	0	0	0	0	0	0	0	0
4.	2014	XXX	XXX	0	0	0	0	0	0	0	0	0
5.	2015	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6.	2016	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7.	2017	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8.	2018	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13.	Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	xxx

Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B **NONE**

Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B **N O N E**

Schedule P - Part 6M - International - Section 1

NONE

Schedule P - Part 6M - International - Section 2

NONE

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1 **NONE**

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2

NONE

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1

NONE

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2 **NONE**

Schedule P - Part 6R - Products Liability - Occurrence - Section 1A **NONE**

Schedule P - Part 6R - Products Liability - Occurrence - Section 2A

NONE

Schedule P - Part 6R - Products Liability - Claims-Made - Section 1B **NONE**

Schedule P - Part 6R - Products Liability - Claims-Made - Section 2B **NONE**

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS (\$000 OMITTED) SECTION 1

		1	2 Net Losses and	3	4	5 Net Premiums	6
	Schedule P - Part 1	Total Net Losses and Expenses Unpaid	Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Written on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total
1.	Homeowners/Farmowners			0.0	0		0.0
2.	Private Passenger Auto Liability/ Medical			0.0	0		0.0
3.	Commercial Auto/Truck Liability/ Medical			0.0	0		0.0
4.	Workers' Compensation				0		0.0
5.	Commercial Multiple Peril			0.0	0		0.0
6.	Medical Professional Liability - Occurrence	17,439		0.0	1,418		0.0
7.	Medical Professional Liability - Claims - Made	5,101		0.0	600		0.0
8.	Special Liability			0.0	0		0.0
9.	Other Liability - Occurrence	577		0.0	474		0.0
10.	Other Liability - Claims-Made			0.0	0		0.0
11.	Special Property				0		0.0
12.	Auto Physical Damage				0		0.0
13.	Fidelity/Surety				0		0.0
14.	Other				0		0.0
15.	International			0.0	0		0.0
16.	Reinsurance - Nonproportional Assumed				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		0.0
20.	Products Liability - Claims-Made				0		0.0
21.	Financial Guaranty/Mortgage Guaranty				0		0.0
22.	Warranty				0		0.0
23.	Totals	23,117	0	0.0	2,492	0	0.0

SECTION 2

		INCURRED LO	SSES AND DEF	ENSE AND CO	ST CONTAINM	ENT EXPENSES	REPORTED A	T YEAR END (\$	000 OMITTED)	
Years in	1	2	3	4	5	6	7	8	9	10
Which										
Policies	0040	0040	0044	0045	0040	0047	0040	0040	0000	0004
Were Issued	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XXX	XXX						
7. 2017	XXX	XXX	XXX	XXX	XXX					
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019	XXX	xxx	XXX	XXX	XXX	xxx	XXX			
10. 2020	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

				3	ECHOIN.	3				
	BULK AND	INCURRED BU	IT NOT REPOR	TED RESERVE	S FOR LOSSES	S AND DEFENSE	E AND COST C	ONTAINMENT E	EXPENSES AT \	YEAR END
					(\$000 OI	MITTED)				
Years in	1	2	3	4	5	6	7	8	9	10
Which Policies										
Were Issued	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XXX	XXX						
7. 2017	xxx	XXX	XXX	XXX	XXX					
8. 2018	xxx	XXX	XXX	XXX	XXX	XXX				
9. 2019	xxx	xxx	XXX	XXX	XXX	xxx	xxx			
10. 2020	xxx	XXX	xxx	xxx	xxx	XXX	XXX	xxx		
11 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS (Continued) SECTION 4

			NET	EARNED PREM	IIUMS REPORT	ED AT YEAR E	ND (\$000 OMIT	TED)		
Years in	1	2	3	4	5	6	7	8	9	10
Which										
Policies Were Issued	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
were issued	2012	2013	2014	2015	2010	2017	2010	2019	2020	2021
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2012										
3. 2013	xxx									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XXX	XXX						
7. 2017	xxx	xxx	XXX	XXX	XXX					
8. 2018	xxx	xxx	xxx	XXX	XXX	XXX				
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	xxx			
10. 2020	xxx	XXX	XXX	XXX	XXX	XXX	XXX	xxx		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 5

					LC HOIV					
	NE.	T RESERVE FO	R PREMIUM A	DJUSTMENTS	AND ACCRUED	RETROSPECT	IVE PREMIUMS	S AT YEAR END	(\$000 OMITTE	D)
Years in Which Policies	1	2	3	4	5	6	7	8	9	10
Were Issued	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XXX	XXX						
7. 2017	xxx	XXX	XXX	XXX	XXX					
8. 2018	xxx	XXX	xxx	XXX	XXX	XXX				
9. 2019	xxx	XXX	xxx	XXX	XXX	xxx	xxx			
10. 2020	xxx	XXX	xxx	XXX	XXX	xxx	xxx	xxx		
11. 2021	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	

Schedule P - Part 7B - Section 1 - Reinsurance Loss Sensitive Contracts **NONE**

Schedule P - Part 7B - Section 2 - Reinsurance Loss Sensitive Contracts

NONE

Schedule P - Part 7B - Section 3 - Reinsurance Loss Sensitive Contracts

NONE

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts **N O N E**

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts **NONE**

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts **NONE**

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts **NONE**

SCHEDULE P INTERROGATORIES

1.	The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from D Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not in the contract of the contra		DR) provisions in Medical
1.1	Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "ye questions:	or at no additional cost?	
1.2	What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsew dollars)?	where in this statement (in	\$1,329,069
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 Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2?	the Underwriting and	s [] No [X] N/A [
1.6	If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the follow in Schedule P:		
		DDR Reserve Schedule P, Part 1F, Medic Column 24: Total Net Losse	cal Professional Liability es and Expenses Unpaid
	Years in Which Premiums Were Earned and Losses Were Incurred	1 Section 1: Occurrence	2 Section 2: Claims-Made
	Prior		
	2012		
	2013		
	2015		
	2016	I	
	2017		
	2018		
	2019		
	2021		
	Totals	0	0
3.	The Adjusting and Other expense payments and reserves should be allocated to the years in which the loss number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense should be allocated to the years in which the loss number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense should be allocated to the same percentage used for the counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsur Other expense incurred by reinsurers, or in those situations where suitable claim count information is not a expense should be allocated by a reasonable method determined by the company and described in Interro reported in this Statement?	expenses (now reported as " n this statement? es were incurred based on the xpense between companies in a loss amounts and the claim ance contract. For Adjusting and vailable, Adjusting and Other gatory 7, below. Are they so	
4.	Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future net of such discounts on Page 10?		
	If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular 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 St being filed.	discounting. Work papers	
5.	What were the net premiums in force at the end of the year for:		
	(in thousands of dollars) 5.1 Fidel	ty	
	5.2 Sure	y	
6. 7.1	Claim count information is reported per claim or per claimant (Indicate which)	nt loss and expense reserves,	
7.0	considered when making such analyses?		
7.2	(An extended statement may be attached.)		

Schedule T - Part 2 - Interstate Compact NONE

Schedule Y - Part 1A - Detail of Insurance Holding Company System

NONE

Schedule Y - Part 1A - Explanations **NONE**

Schedule Y - Part 2

NONE

Schedule Y - Part 3

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.

		Responses
	MARCH FILING	•
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 Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
	MAY FILING	
8.	Will this company be included in a combined annual statement which is filed with the NAIC by May 1?	SEE EXPLANATION
	JUNE FILING	
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

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

MARCH FILING

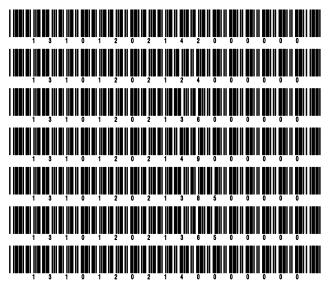
MARCH FILING	
Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO NO
Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO NO
	YES
	NO
Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
	YES
Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed	
electronically with the NAIC by March 1?	NO
electronically with the NAIC by March 1?	NO
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
Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state	
	NO NO
, u , u = , , = u , v	
	NO
	NO
	NO
	NO
NAIC by April 1?	NO
	NO
Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the	
NAIC by April 1?	NO NO
Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	NO NO
	NO
	SEE EXPLANATION
	OLL LA LANTITON
·	
TVC	
	Will Schedule SIS (Stockholder Information Supplement) be filed by March 1? Will the Financial Guaranty Insurance Exhibit be filed by March 1? Will the Medicare Supplement Insurance Experience Exhibit be filed by March 1? Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1? Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1? Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 15 (or the date otherwise specified)? Will the Confidential Actuarial Opinion Summary be filed with the state of domicile and the NAIC by March 15 (or the date otherwise specified)? Will the Reinsurance Attestation Supplement be filed with the state of domicile by March 17 Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 17 Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 17 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 17? 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 17. 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 17. Will the Supplemental Schedule for Reinsurance Courterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by April 17. Will the

- Does not meet the annual premium threshold of \$500,000,000 required for filing Bar Codes:
- 11. SIS Stockholder Information Supplement [Document Identifier 420]
- 12. Financial Guaranty Insurance Exhibit [Document Identifier 240]
- 13. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
- 15. Trusteed Surplus Statement [Document Identifier 490]

12. 13. 15. 16. 18. 21. 22. 23. 24. 25. 26. 27. 28. 30. 31. 32.

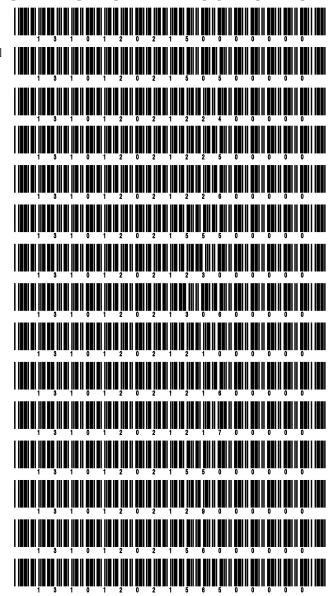
33. 34. 35. 36.

- 16. Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]
- 18. Medicare Part D Coverage Supplement [Document Identifier 365]
- 21. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 22. Bail Bond Supplement [Document Identifier 500]
- 23. Director and Officer Insurance Coverage Supplement [Document Identifier 505]
- 24. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
- 25. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
- 26. Relief from the Requirements for Audit Committees [Document Identifier 226]
- Reinsurance Counterparty Reporting Exception Asbestos and Pollution Contracts [Document Identifier 555]
- 28. Credit Insurance Experience Exhibit [Document Identifier 230]
- 29. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 30. Accident and Health Policy Experience Exhibit [Document Identifier 210]
- 31. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
- 32. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
- 33. Cybersecurity and Identity Theft Insurance Coverage Supplement [Document Identifier 550]
- Life, Health & Annuity Guaranty Association Assessable Premium Exhibit -Parts 1 and 2 [Document Identifier 290]
- 35. Private Flood Insurance Supplement [Document Identifier 560]
- 36. Will the Mortgage Guaranty Insurance Exhibit [Document Identifier 565]



OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Underwriting and Investment Exhibit Part 3 Line 24

| Addition | al Write-ins for Underwriting and investment Exhibit Part 3 Line 24 | | | | |
|----------|---|-----------------------------|--------------------------------|------------------------|--------|
| | | 1 | 2 | 3 | 4 |
| | | Loss Adjustment
Expenses | Other Underwriting
Expenses | Investment
Expenses | Total |
| 2404. | Risk Management Expense | | 1,604 | | 1,604 |
| 2405. | Other Expense | | 62,335 | | 62,335 |
| 2497. | Summary of remaining write-ins for Line 24 from overflow page | 0 | 63,939 | 0 | 63,939 |



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

For The Year Ended December 31, 2021 To Be Filed by March 1 (A) Financial Impact

| | (7) manda mpad | | | |
|------|-------------------------------------|-------------|---------------------------------------|--------------------------------|
| | | 1 | 2 | 3 |
| | | | | Restated Without |
| | | | Interrogatory 9
Reinsurance Effect | Interrogatory 9
Reinsurance |
| | | As Reported | Reinsurance Effect | Reinsurance |
| A01. | Assets | 166,964,369 | | 166,964,369 |
| A02. | Liabilities | 28,002,199 | | 28,002,199 |
| A03. | Surplus as regards to policyholders | 138,962,170 | | 138,962,170 |
| A04. | Income before taxes | 6,574,487 | | 6,574,487 |

| (B) Summary of Reinsurance Contract Terms | (C) Management's Objectives |
|---|-----------------------------|
| | |
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| | I . |

| 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. |
|----|---|
| | |



Designate the type of health care providers reported on this page: Physicians, including surgeons and osteopaths

SUPPLEMENT "A" TO SCHEDULE T **EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES**

| | | | 1 | 2 | Direct Lo | sses Paid | 5 | Direct Losses Unpaid | | 8 |
|---------|-------------------------------|--------------|--------------------|--------------------|-----------|--------------|------------------|----------------------|--------------|---------------------|
| | | | | | 3 | 4 | | 6 | 7 | Direct |
| | | | Direct | Direct | | Number | Direct | | Number | Losses |
| | | | Direct
Premiums | Direct
Premiums | | Number
of | Direct
Losses | Amount | Number
of | Incurred
But Not |
| | States, etc. | | Written | Earned | Amount | Claims | Incurred | Reported | Claims | Reported |
| 1. | Alabama | AL | | | | | | | | |
| | Alaska | AK | | | | | | | | |
| 3. | Arizona | AZ | | | | | | | | |
| | Arkansas | AR | | | | | | | | |
| 5. | California | CA | | | | | | | | |
| | Colorado | CO | | | | | | | | |
| | Connecticut | CT | | | | | | | | |
| | 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. | lowa | IA | | | | | | | | |
| 17. | Kansas | KS | | | | | | | | |
| 18. | Kentucky | KY | | | | | | | | |
| 19. | Louisiana | LA | | | | | | | | |
| 20. | Maine | ME | | | | | | | | |
| 21. | Maryland | | | | | | | | | |
| | Massachusetts | | | | | | | | | |
| | Michigan | | | | | | | | | |
| | Minnesota | | | | | | | | | |
| 25. | Mississippi | | | | | | | | | |
| | Missouri | | | | | | | | | |
| _ | Montana | | | | | | | | | |
| | Nebraska | | | | | | | | | |
| | Nevada | | | | | | | | | |
| | New Hampshire | | | | | | | | | |
| | New Jersey | | | | | | | | | |
| | New Mexico | | | | | | | | | |
| | New York | | | | | | | | | |
| | | | | | | | | | | |
| | North Carolina | | | | | | | | | |
| | North Dakota | | | | | | | | | |
| | Ohio | OH | | | | | | | | |
| | Oklahoma | | | | | | | | | |
| | Oregon | | | | | | | | | |
| | Pennsylvania | | | | | | | | | |
| | Rhode Island | | 1,606,107 | 1, 180,671 | 1,264,273 | 4 | (1,341,679) | 6,795,460 | 18 | 5,570,628 |
| | South Carolina | | | | | | | | | |
| | South Dakota | | | | | | | | | |
| | Tennessee | | | | | | | | | |
| | Texas | | | | | | | | | |
| 45. | Utah | UT | | | | | | | | |
| 46. | Vermont | VT | | | | | | | ļ | |
| | Virginia | | | | | | | | | |
| | Washington | | | | | | | | | |
| 49. | West Virginia | WV | | | | | | | | |
| | Wisconsin | | | | | | | | | |
| 51. | Wyoming | WY | | | | | | | | |
| 52. | American Samoa | AS | | | | | | | | |
| 53. | Guam | GU | | | | | | | ļ | |
| 54. | Puerto Rico | PR | | | | | | | ļ | |
| 55. | U.S. Virgin Islands | VI | | | | | | | ļ | ļ |
| 56. | Northern Mariana Islands | MP | | | | | | | | |
| 57. | Canada | CAN | | | | | | | | |
| | Aggregate other alien | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. | Total | | 1,606,107 | 1,180,671 | 1,264,273 | 4 | (1,341,679) | 6,795,460 | 18 | 5,570,628 |
| | DETAILS OF WRITE-INS | | | | | | | | | |
| 58001. | | ************ | | | | | | | | |
| 58002. | | | | | | | | | | |
| 58003. | | | | | | | | | | |
| | Summary of remaining write-in | ns for Line | | | | | | | | |
| | 58 from overflow page | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999. | Totals (Lines 58001 thru 5800 | 3 plus | | | | | | | | |
| <u></u> | 58998)(Line 58 above) | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |



Designate the type of health care providers reported on this page: Hospitals

SUPPLEMENT "A" TO SCHEDULE T **EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES**

| | | | 1 | 2 | Direct Lo | sses Paid | 5 | Direct Los | ses Unpaid | 8 |
|----------|-----------------------------|----------------|---------------------|----------|-----------|-----------|----------|------------|------------|--------------------|
| | | | | | 3 | 4 | | 6 | 7 | Direct |
| | | | Direct | Direct | | Number | Direct | | Number | Losses
Incurred |
| | States ata | | Premiums
Written | Premiums | Amount | of | Losses | Amount | of | But Not |
| 1. | States, etc. Alabama | AL | vviilleii | Earned | Amount | Claims | Incurred | Reported | Claims | Reported |
| | Alaska | , | | | | | | | | |
| | Arizona | , | | | | | | | | |
| _ | | | | | | | | | | |
| | Arkansas | AR | | | | | | | | |
| | California | | | | | | | | | |
| | Colorado | | | | | | | | | |
| 7. | Connecticut | CT | | | | | | | | |
| | Delaware | | | | | | | | | |
| 9. | District of Columbia | DC | | | | | | | | |
| 10. | Florida | FL | | | | | | | | |
| 11. | Georgia | GA | | | | | | | | |
| 12. | Hawaii | HI | | | | | | | | |
| | Idaho | | | | | | | | | |
| | Illinois | اا | | | | | | | | |
| | Indiana | IN | | | | | | | | |
| | | | | | | | | | | |
| | lowa | | | | | | | | | |
| | Kansas | | | | | | | | ···· | |
| | Kentucky | KY | | | | | | | | |
| | Louisiana | | | | | ļ | | ļ | ļ | |
| | Maine | | | | | | | | | |
| 21. | Maryland | MD | | | | | | | | |
| 22. | Massachusetts | MA | | | | | | | | |
| 23. | Michigan | MI | | | | | | | | |
| 24. | Minnesota | MN | | | | | | | | |
| | Mississippi | | | | | | | | | |
| | Missouri | | | | | | | | | |
| | Montana | | | | | | | | | |
| | | | | | | | | | | |
| | Nebraska | | | | | | | | | |
| | Nevada | | | | | | | | | |
| | New Hampshire | | | | | | | | | |
| | New Jersey | | | | | | | | | |
| 32. | New Mexico | NM | | | | | | | | |
| 33. | New York | NY | | | | | | | | |
| 34. | North Carolina | NC | | | | | | | | |
| 35. | North Dakota | ND | | | | | | | | |
| 36. | Ohio | OH | | | | | | | | |
| 37. | Oklahoma | OK | | | | | | | | |
| | Oregon | | | | | | | | | |
| | Pennsylvania | | | | | | | | | |
| | = | | 410 150 | 400 715 | 0 | | 0.400 | 1 005 000 | | 1 202 277 |
| | Rhode Island | | 412,159 | 409,715 | 0 | 0 | | 1,805,000 | 11 | 1,382,377 |
| | South Carolina | | | | | | | | | |
| | South Dakota | | | | | | | | | |
| | Tennessee | | | | | | | | | |
| 44. | Texas | TX | | | | | | | | |
| | Utah | | | | | | | | | |
| 46. | Vermont | VT | | | | | | | | |
| 47. | Virginia | VA | | | | | | | | |
| | Washington | | | | | | | | | |
| | West Virginia | | | | | | | | | |
| | Wisconsin | | | | | | | | | |
| | Wyoming | | | | | | | | | |
| | American Samoa | | | | | | | | | |
| | Guam | | | | | | | | | |
| | Puerto Rico | | | | | | | | İ | |
| | | | | | | | | | l | |
| | U.S. Virgin Islands | | | | | | | | ···· | |
| | Northern Mariana Islands | | | | | | | | | |
| | Canada | | | | | | | | | |
| 58. | Aggregate other alien | OT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Total | | 412,159 | 409,715 | 0 | 0 | 2,483 | 1,805,000 | 11 | 1,382,377 |
| | DETAILS OF WRITE-INS | | | | | | | | 1 | 1 |
| 58001. | | | | | | | | | | |
| 58002. | | | | | | | | | | |
| 58003. | | | | | | | | | | |
| | Summary of remaining writ | e-ins for Line | | | | | | | | |
| | 58 from overflow page | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999. | Totals (Lines 58001 thru 58 | | | • | _ | | | | | |
| <u> </u> | 58998)(Line 58 above) | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |